

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**  
 04-30-2002 90066 011 \*\*\*\*70.00

**DOCUMENT # N24284**

1. Entity Name

**LIONS CLUB OF SEMINOLE, INC.**

Principal Place of Business

**P.O. BOX 3721  
 SEMINOLE FL 33775  
 US**

Mailing Address

**P.O. BOX 3721  
 SEMINOLE FL 33775  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2859725**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHINDLER, HARRY K  
 10438 KUMQUAT LN  
 SEMINOLE FL 33772**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHAMIEL, ROSEMARY</b>	
STREET ADDRESS	<b>11299 108 LN N.</b>	
CITY-ST-ZIP	<b>LARGO FL 33778</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WARD, KENT</b>	
STREET ADDRESS	<b>12300 VONN RD., #7106</b>	
CITY-ST-ZIP	<b>LARGO FL 33774</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TRAVERS, GEORGE</b>	
STREET ADDRESS	<b>7880 54 AVE. N. #124</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33709</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRIFFITH, SHARON</b>	
STREET ADDRESS	<b>5472 106 ST. N.</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHINDLER, HARRY K</b>	
STREET ADDRESS	<b>10438 KUMQUAT LN</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FORTSOM, CHARLIE</b>	
STREET ADDRESS	<b>11681 OAK AVE</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENT WARD</b>	
STREET ADDRESS	<b>12300 VONN RD # 4107</b>	
CITY-ST-ZIP	<b>LARGO FL 33774</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEORGE TRAVERS</b>	
STREET ADDRESS	<b>7880 54 AVE N</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33709</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACK HOFFMAN</b>	
STREET ADDRESS	<b>13595 MONALEE AVE N</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33776</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOAN HOFFMAN</b>	
STREET ADDRESS	<b>13595 MONALEE AVE N</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33776</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**HARRY K SCHINDLER** TRCS 04-14-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)