

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90543 019 *****61.25

DOCUMENT # N24491

1. Entity Name

SANFORD LAKESIDE LIONS CLUB, INC.



Principal Place of Business

**121 SAND PINE CIRCLE
SANFORD FL 32773
US**

Mailing Address

**PO BOX 12
SANFORD FL 32772
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 **59-6170084**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HAMMACK, LENORE
121 SAND PINE CIRCLE
SANFORD FL 32773**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lenore Hammack

Lenore Hammack Treas.

4/22/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Delete
NAME	DAVID, CHRISTINE	
STREET ADDRESS	2036 HASS RD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	S	☒ Delete
NAME	IRELAND, DEBORAH	
STREET ADDRESS	7515 LOVELY LANE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	1VP	☒ Delete
NAME	MASON, SHARON L	
STREET ADDRESS	113 HIDDEN ARBOR CT	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	T	☐ Delete
NAME	HAMMACK, LENORE	
STREET ADDRESS	121 SAND PINE CIRCLE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	☐ Delete
NAME	FITZGERALD, BERNARD	
STREET ADDRESS	310 WILSON PLACE DRIVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	☐ Delete
NAME	HIGHSMITH, HAROLD	
STREET ADDRESS	405 MATTIE DR	
CITY-ST-ZIP	SANFORD FL 32773	

TITLE	P	☒ Change ☐ Addition
NAME	MASON, SHARON L.	
STREET ADDRESS	113 Hidden Arbor Ct.	
CITY-ST-ZIP	Sanford, FL 32773	
TITLE	S	☒ Change ☐ Addition
NAME	LANE, VANESSA	
STREET ADDRESS	125 Margo Lane	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	1VP	☒ Change ☐ Addition
NAME	LEE, JIM	
STREET ADDRESS	P. O. Box 1772	
CITY-ST-ZIP	Sanford, FL 32772	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 *Lenore Hammack* **Lenore Hammack**

4/22/03

407-330-7458

CR2E037 (10/02)