| DOCUMENT # N24942 1. Forthy Name LUTZ LAND O'LAKES (LLL) LIONS CLUB, INC. OR APR -3 PH 2: 27 GEORGE PACTY OF STATE TRUE S | 2000 | ONIFORM DOSI | IAF | 33 NEFO | | 100 | ٠, | | • | k. | | |
|---|---------------------------------|--|----------------------|---|--------------|-------------------|------------|----------------------------|----------------------|-------------------|-----------------------|---------------|
| Principal Place of Squirmens Mailing Address JUTE 12002 15T SYS SUITE 8 UTT R 2049 SUIT R 20 | | | | | | | | | FIL | ED. | , N | |
| TSDE STS SW TO BOX 2889 UTT R 1899-2006 UTT R 2899-2006 UTT R 2899-200 | LUTZ LA | and o'lakes (LLLL) Lions C | LUB, Į | NC. | | | | | | | | |
| UTF PLASSAGE USF SOCIATION SUMPLANT AND STATE OF | Principal Plac | e of Business | Mailin | g Address | | | | | RATE SALES | Y OF S SEE. FE | ORIGA | |
| Sulter, April, 9, etc. Sulter, April, 9, etc. Sulter, April, 9, et | SUITE B LUTZ FL 3354 | | WTZ | | | | | 3 20 0 | | 0164 | 0 \$1 | 11.25 |
| City & State Ci | 2. Principal P | face of Business | 3. Mai | ling Address | | | | | | | | |
| Septemble Sept | Sulte, Apt. | #, etc. | Suit | e, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name | City & Stat | e | City & State | | | | | EQ 0040440 | | | | |
| HELEN, CORNAGLIA 17344 SURRISE DR LUTZ FL 33549 8. The above named onliky submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature Signa | Zip | Country | Zip | | Cou · | intry | | 5. Certificate | of Status Desired | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | 6. Name and Address of Current F | logiatere | d Agent | | | | 7. Name and | Address of New R | egistered A | gent | |
| The above named entity submits this statement for the purpose of changing its registered agent, or both. In the state of Florida. SIGNATURE Signature to the purpose of changing its registered agent, or both. In the state of Florida. SIGNATURE Signature to the purpose of changing its registered agent, or both. In the state of Florida. SIGNATURE Signature to the purpose of changing its registered agent of the registered agent, or both. In the state of Florida. SIGNATURE SIG | | | | † · · | | | ddress (| P.O. Box Numbe | r is Not Acceptable | <u> </u> | | |
| 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE | 17844 SU | NRISE DR | | 1 | | | | | | | | |
| SIGNATURE Sometimes to provide primare damped importance flagorated regions and table if expectacions. PREE IS \$61.25 PREE IS \$61.25 | LUTZ FL 3 | 13549 | | | | City | | | | FL | Zip Code | - |
| FILE NOW: FEE IS \$61.25 10. OFFICERS AND DIRECTORS! 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete | | | | , , , | | | | | | | | |
| TITLE MAME MAME WALTON, CATHY MAME WALTON, CAROL UITZ FL TITLE PD WGGANO, CAROL SIRET ADDRESS CITY-ST-2P UITZ FL TITLE SD Delete TITLE SD Delete TITLE SD TITLE MAME HENRY, NANCY SIRET ADDRESS CITY-ST-2P LUTZ F, E CITY-ST-2P LUTZ F, E CITY-ST-2P LUTZ F, E CITY-ST-2P Addition MAME HENRY, NANCY SIRET ADDRESS CITY-ST-2P TITLE MAME MAME HARTLEY, ANN SIRET ADDRESS CITY-ST-2P TAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA, HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA HELEN SIRET ADDRESS CITY-ST-2P UITZ F, SAMPA F, L CORNAGIA H, SAMPA F, L | . \$ | | 9. | | | | | | | | | |
| MAME SIREF ADDRESS CITY-ST-2P LUTZ FL SD MAME HENRY, NANCY SIREF ADDRESS CITY-ST-2P LAND O'LAKES FL ITLE MAME HENRY, NANCY SIREF ADDRESS CITY-ST-2P LAND O'LAKES FL ITLE MAME HENRY, NANCY SIREF ADDRESS CITY-ST-2P MAME HENRY, NANCY SIREF ADDRESS CITY-ST-2P MAME HENRY, NANCY SIREF ADDRESS CITY-ST-2P MAME HARTLEY, ANN SIREF ADDRESS CITY-ST-2P MAME CORNAGLIA, HELEN SIREF ADDRESS CITY-ST-2P MARGIE, FRANKLIN SIREF ADDRESS SIREF ADDRESS CITY-ST-2P MARGIE, FRANKLIN SIREF ADDRESS | 10. | OFFICERS AND DIRI | CTORS | ; | 11. | | | ADDITIONS/CHA | NGES TO OFFICE | RS AND DIR | ECTORS IN | |
| NAME SIREF ADDRESS CITY-ST-2IP LUTZ FL Change Addition NAME HENRY, NANCY SIREF ADDRESS CITY-ST-2IP NAME HENRY, NANCY SIREF ADDRESS CITY-ST-2IP NAME HARTLEY, ANN SIREF ADDRESS CITY-ST-2IP NAME CORNAGLIA, HELEN SIREF ADDRESS CITY-ST-2IP NAME NAME SIREF ADDRESS CITY-ST-2IP NAME CORNAGLIA, HELEN SIREF ADDRESS CITY-ST-2IP NAME SIREF ADDRESS CITY-ST-2IP LUTZ FL NAME SIREF ADDRESS CITY-ST-2IP NAME SIREF ADDRESS CITY-ST-2IP NAME SIREF ADDRESS CITY-ST-2IP LUTZ FL NAME SIREF ADDRESS SIREF ADDRESS CITY-ST-2IP LUTZ FL CHANGE CITY-ST-2IP LUTZ FL CITY-ST-2IP SIREF ADDRESS LUTZ FL CITY-ST-2IP SIREF ADDRESS SIREF ADDRESS SIREF ADDRESS SIREF ADDRESS CITY-ST-2IP SIREF ADDRESS SIR | TITLE NAME STREET ADORESS | VP WALTON, CATHY 2001 BRINSON ROAD | | | NAM! STRE | E et address | | | | | Change | Addition |
| TITLE SD Delate TITLE NAME HENRY, NANCY STREET ADDRESS 21725 BELL LAKE RD CITY-ST-2P LAND O'LAKES FL TILE NAME HARTLEY, ANN STREET ADDRESS 707 W 118TH AVE TAMPA FL TITLE NAME STREET ADDRESS CITY-ST-2P TAMPA FL TITLE NAME STREET ADDRESS TOTY-ST-2P LUTZ FL 33549 Delate TITLE NAME STREET ADDRESS CITY-ST-2P LUTZ FL 33549 Delate TITLE NAME STREET ADDRESS CITY-ST-2P LUTZ FL TAMPA FL TITLE NAME STREET ADDRESS TOTY-ST-2P LUTZ FL TAMPA FL TITLE NAME STREET ADDRESS TOTY-ST-2P LUTZ FL TAMPA FL TITLE NAME STREET ADDRESS TOTY-ST-2P LUTZ FL TAMPA FL TITLE NAME STREET ADDRESS TOTY-ST-2P LUTZ FL TAMPA FL TITLE NAME STREET ADDRESS TOTY-ST-2P LUTZ FL TAMPA FL TITLE NAME STREET ADDRESS TOTY-ST-2P LUTZ FL TAMPA FL TITLE NAME STREET ADDRESS TOTY-ST-2P LUTZ FL TAMPA FL TITLE NAME STREET ADDRESS TOTY-ST-2P LUTZ FL TAMPA FL TITLE NAME STREET ADDRESS TOTY-ST-2P LUTZ FL TAMPA FL TAMPA FL TITLE NAME STREET ADDRESS TOTY-ST-2P LUTZ FL TAMPA FL T | NAME STREET AODRESS, | PD VIGGIANO, CAROL 1531, SPINNINGWHEEL DRIVE | | Delete | NAM! STRE | E Et address | VIG 153 | 1 SPINN | | DRIVE | | Addition |
| TITLE NAME HARTLEY, ANN STREET ADDRESS CITY-ST-ZIP TAMPA FL CORNAGUA, HELEN STREET ADDRESS CITY-ST-ZIP TOTAL STREET ADDRESS TITLE BHIPMAN, LYNNITA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ FL 12. I hereaby certify that the information supplied with this filing does not qualify for the exemptons 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: NAME STREET ADDRESS CITY-ST-ZIP Addition Add | NAME STREET ADDRESS | SD HENRY, NANCY 21725 BELL LAKE RO | | Delete | NAM STRE | et address | | | | | ☐ Change | ☐ Addition |
| TITLE CORNAGUA, HELEN STREET ADDRESS 17844 SUNRISE DRIVE LUTZ FL 33549 TITLE PARE BHIPMAN, LYNNITA STREET ADDRESS CITY-ST-ZIP LUTZ FL 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 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: NANCOLA ALIE TO PROVIDE TO PROVIDE THE CORNAGUA. SIGNATURE: NANCOLA ALIE TO PROVIDE THE CORNAGUA. STREET ADDRESS CITY-ST-ZIP LUTZ FL Change Changed or on an attachment with an address, with all other like empowered. SIGNATURE: NANCOLA ALIE TO PROVIDE THE CORNAGUA. SIGNATURE: NANCOLA ALIE TO PROVI | NAME STREET ADDRESS | PPO HARTLEY, ANN 707 W 116TH AVE | | Defete | NAMI STRE | E et address | ,, | | | , | | ☐ Addition |
| TITLE NAME BHIPMAN, LYNNITA STREET ADDRESS CITY-ST-ZIP LUTZ FL 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: NANCOTA AMEGNETICAL | TITLE NAME STREET ADDRESS | CORNAGLIA, HELEN 17844 SUNRISE DRIVE | | Defete | NAM! STRE | E EZSERDOLA TE | MAR 222 | 05 RIVE | R ROCK D | | Change | Addition |
| 12. I hereby certify that the information supplied with this filing does not quality 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: NANCORAMIENTALE | NAME Street adoress | P BHIPMAN, LYNNITA 101 2ND AVE. S.E. | | Deleta | NAMI STRE | E Et address | | | | | Change | Addition |
| | indicated of the cor | certify that the information supplied with the on this report or supplemental report is a poration or the receiver or trustee empore the supplemental report is a poration or the receiver or trustee empore the supplemental report is a supplemental report in the sup | true and vered to | accurate and that re execute this report | nu cionat | ure shall h | ava Iha : | same legal effaci | i as if made under d | nam: Inat I a | m an officer | or director : |
| | SIGNAT | | N E NA | REQUIVE OFFICER | MY | \$ A | Edy | | Dete (| <u>ڳ (دالا</u> | 96-60 yame Prone # | 83.2 |