

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24942

1. Entity Name

LUTZ LAND O'LAKES (LLLL) LIONS CLUB, INC.

Principal Place of Business

19002 1ST SW  
SUITE B  
LUTZ FL 33549  
US

Mailing Address

PO BOX 2336  
LUTZ FL 33549  
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

59-2918112

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

HELEN, CORNAGLIA  
17844 SUNRISE DR  
LUTZ FL 33549

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 VP  
NAME WALTON, CATHY  
STREET ADDRESS 2001 BRINSON ROAD  
CITY-ST-ZIP LUTZ FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME VIGGIANO, CAROL  
STREET ADDRESS 1531 SPINNINGWHEEL DRIVE  
CITY-ST-ZIP LUTZ FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME HENRY, NANCY  
STREET ADDRESS 21725 BELL LAKE RD  
CITY-ST-ZIP LAND O'LAKES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PPD  
NAME HARTLEY, ANN  
STREET ADDRESS 707 W 116TH AVE  
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE PD  
NAME STATHAS, SUZAN  
STREET ADDRESS 16049 GRASS LAKE DRIVE  
CITY-ST-ZIP TAMPA, FL 33618 ☐ Change ☒ Addition

TITLE D  
NAME CORNAGLIA, HELEN  
STREET ADDRESS 17844 SUNRISE DRIVE  
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME SHIPMAN, LYNNITA  
STREET ADDRESS 101 2ND AVENUE, S.E.  
CITY-ST-ZIP LUTZ FL ☐ Delete

TITLE PPD  
NAME SHIPMAN, LYNNITA  
STREET ADDRESS 101 2ND AVENUE, S.E.  
CITY-ST-ZIP LUTZ, FL 33549 ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY A. HENRY

Date

Daytime Phone #

(813) 996-6832

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90030 008 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)