

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24942

1. Entity Name

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

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90126 033 \*\*\*\*70.00

Principal Place of Business

Mailing Address

19002 1ST SW  
SUITE B  
LUTZ FL 33549  
US

PO BOX 2336  
LUTZ FL 33549  
US

2. Principal Place of Business

3. Mailing Address

22302 River Rock Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Land O'Lakes, FL

Zip

Country

34639-4628

US

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

Lois Q. Malecky

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

22302 River Rock Dr

City

Land O'Lakes

FL

Zip Code

34639-4628

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

Lois Q. Malecky, Treasurer Lois Q. Malecky

4/26/02

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 NAME STREET ADDRESS CITY-ST-ZIP	VP WALTON, CATHY 2001 BRINSON ROAD LUTZ FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIGGIANO, CAROL 1531 SPINNINGWHEEL DRIVE LUTZ FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENRY, NANCY 21725 BELL LAKE RD LAND O'LAKES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STATHAS, SUZAN 16049 GRASS LAKE DRIVE TAMPA FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNAGLIA, HELEN 17844 SUNRISE DRIVE LUTZ FL 33549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD SHIPMAN, LYNNITA 101 2ND AVENUE, S.E. LUTZ FL 33549	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Walton, Cathy 4339 Whittier Dr Land O'Lakes, FL 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Margie Franklin 22205 River Rock Dr P.O.B. 27 Land O'Lakes, FL 34639	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Nancy Henry 21725 Bell Lake Rd Land O'Lakes, FL 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Lois Q. Malecky 22302 River Rock Dr Land O'Lakes, FL 34639-4628	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/26/02 813-235-6661

Date

Daytime Phone #

CR2E037 (9/01)