

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90996 002 ****61.25

DOCUMENT # N24961

1. Entity Name

EAST ORANGE LIONS CLUB, INC.

Principal Place of Business

**NEDLEY, PAUL J.
9930 CHESHAM DRIVE
ORLANDO FL 32817-0280**

Mailing Address

**NEDLEY, PAUL J.
9930 CHESHAM DRIVE
ORLANDO FL 32817-3280**

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

59-2950485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEDLEY, PAUL J.
9930 CHESHAM DRIVE
ORLANDO FL 32817-0280**

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.

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

TITLE **SD** ☐ Delete
NAME **LOPEZ, FELIX**
STREET ADDRESS **7121 FURQUISE LANE**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **VD** ☒ Delete
NAME **WATTS, ALLAN**
STREET ADDRESS **241 BEUANG LOOP**
CITY-ST-ZIP **DAVENPORT FL 32837**

TITLE **PD** ☒ Delete
NAME **LOPEZ, DAVID A**
STREET ADDRESS **5412 N DEAN RD**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **D** ☒ Delete
NAME **RATZ, JEFFREY**
STREET ADDRESS **208 CROOKED STICK**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **TD** ☐ Delete
NAME **NEDLEY, PAUL**
STREET ADDRESS **9930 CHESHAM DRIVE**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition
NAME **LOPEZ FELIX**
STREET ADDRESS **5412 N. DEAN RD**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **VD** ☒ Change ☐ Addition
NAME **DIANNE CHRISTIAN**
STREET ADDRESS **2625 UNIVERSITY ACRES DR.**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **PD** ☒ Change ☐ Addition
NAME **JUAN CAMPIS**
STREET ADDRESS **1707 PALMETTO COURT**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **SD** ☒ Change ☐ Addition
NAME **BILL CHRISTIAN**
STREET ADDRESS **2625 UNIVERSITY ACRES DR.**
CITY-ST-ZIP **ORLANDO, FL 32817**

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

TITLE **D** ☐ Change ☒ Addition
NAME **DANNY BUNDE**
STREET ADDRESS **5223 KEMPSTON ST.**
CITY-ST-ZIP **ORLANDO, FL 32812**

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 Nedley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

407-679-4690

Date

Daytime Phone #

CR2E037 (9/99)