

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90384 034 ****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 32817-0280
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2950485** Applied For
 Not Applicable

Zip Country Zip Country 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

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

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 *Paul J. Nedley* 4-29-01
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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VD	LOPEZ, FELIX	5412 N DEAN RD	ORLANDO FL 32817				
VD	CHRISTIAN, DIANNE	2625 UNIVERSITY ACRES DR	ORLANDO FL 32817				
PD	CAMPOS, JUAN	1707 PALMETTO CT	NEW SMYRNA BEACH FL 32169				
SD	CHRISTIAN, BILL	2625 UNIVERSITY ACRES DR	ORLANDO FL 32817				
TD	NEDLEY, PAUL	9930 CHESHAM DRIVE	ORLANDO FL 32817				
D	BUNDE, DANNY	5223 KEMPSTON ST	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 REQUIRED* 4-29-01 679-4690

CR2E037 (10/00)