

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90033 006 ****61.25

DOCUMENT # N24961

1. Entity Name

EAST ORANGE LIONS CLUB, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

Bill CHRISTIAN

3. Mailing Address

Bill CHRISTIAN

Suite, Apt. #, etc.

2625 University Acres Drive

Suite, Apt. #, etc.

2625 University Acres Drive

City & State

Orlando FL

City & State

Orlando, FL

4. FEI Number

59-2950485

Applied For

Not Applicable

Zip

Country

32817 USA

Zip

Country

32817 USA

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: Bill CHRISTIAN
Street Address (P.O. Box Number is Not Acceptable): 2625 UNIVERSITY ACRES DRIVE
City: Orlando FL Zip Code: 32817

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 Nedley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/02

DATE OF FILING

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	VD	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, FELIX	
STREET ADDRESS	5412 N DEAN RD	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTIAN, DIANNE	
STREET ADDRESS	2625 UNIVERSITY ACRES DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAMPOS, JUAN	
STREET ADDRESS	1707 PALMETTO CT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTIAN, BILL	
STREET ADDRESS	2625 UNIVERSITY ACRES DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NEDLEY, PAUL	
STREET ADDRESS	9930 CHESHAM DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUNDE, DANNY	
STREET ADDRESS	5223 KEMPSTON ST	
CITY-ST-ZIP	ORLANDO FL 32812	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William CHRISTIAN	
STREET ADDRESS	2625 UNIVERSITY ACRES DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATE WHITE	
STREET ADDRESS	7742 LADY FRANCIS WAY	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID A. LOPEZ	
STREET ADDRESS	5412 N DEAN RD	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL WATTS	
STREET ADDRESS	241 BURGONE	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANNE CHRISTIAN	
STREET ADDRESS	2625 UNIVERSITY ACRES DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN E CAMPOS	
STREET ADDRESS	1707 PALMETTO COURT	
CITY-ST-ZIP	NEW SMYRNA, FL 32169	

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:

Paul Nedley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02 407-207-1100

Date

Daytime Phone #

CR2E037 (9/01)