

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90092 005 ****61.25

DOCUMENT # N24961

1. Entity Name

EAST ORANGE LIONS CLUB, INC.



Principal Place of Business

**BILL CHRISTIAN
2625 UNIVERSITY ACRES DRIVE
ORLANDO FL 32817**

Mailing Address

**BILL CHRISTIAN
2625 UNIVERSITY ACRES DRIVE
ORLANDO FL 32817**

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

7. Name and Address of New Registered Agent

**CHRISTIAN, BILL
2625 UNIVERSITY ACRES DRIVE
ORLANDO FL 32817**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD CAMPIS, JUAN E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	911 TRAFALGAR ST	
CITY-ST-ZIP	DELTONA FL 32725	

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**

3-18-03 407207-1100

CR2E037 (10/02)