

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90112 042 ****61.25

DOCUMENT # N26400

1. Entity Name

LABELLE LIONS CLUB, INC.

Principal Place of Business

Mailing Address

JAYCEE-LIONS DR.
 LABELLE FL 33935

P.O. BOX 1338
 LABELLE FL 33975
 US

00052109



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

59-6153314

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

ANDREWS, NORMA J

CHAPERAL SLOUGH SR 29 N 3460 N. KEY DR. UNIT 114E
 LABELLE FL 33975 N. Ft Myers, FL 33903

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BY** ☐ Delete
 NAME **LEICHT, JACOB A**
 STREET ADDRESS **P.O. BOX 66 N/A**
 CITY-ST-ZIP **LABELLE FL 33975**

TITLE **D** ☐ Change ☐ Addition
 NAME **3460 N. KEY DR UNIT 114E**
 STREET ADDRESS **N. Ft MYERS, FL 33903**
 CITY-ST-ZIP

TITLE **DET** ☐ Delete
 NAME **LEICHT, MARY E**
 STREET ADDRESS **P.O. BOX 66 N/A**
 CITY-ST-ZIP **LABELLE FL 33975**

TITLE **D** ☐ Change ☐ Addition
 NAME **3460 N. KEY DR UNIT 114E**
 STREET ADDRESS **N. Ft MYERS, FL 33903**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ANDREWS, NORMA J**
 STREET ADDRESS **P.O. BOX 245 N/A**
 CITY-ST-ZIP **LABELLE FL 33975**

TITLE **DET** ☐ Change ☐ Addition
 NAME **3460 N. KEY DR UNIT 114E**
 STREET ADDRESS **N. Ft MYERS, FL 33903**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **STREED, MARGOLA MARCELLA**
 STREET ADDRESS **PO BOX 1593 N/A**
 CITY-ST-ZIP **LABELLE FL 33975**

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

TITLE **D** ☐ Delete
 NAME **ENGLEBRIGHT, RAYMOND**
 STREET ADDRESS **P.O. BOX 1201 N/A**
 CITY-ST-ZIP **LABELLE FL 33975**

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

TITLE **D** ☐ Delete
 NAME **ADKINS, ELAINE ADKINS**
 STREET ADDRESS **12280 ANCHOR LANE SW**
 CITY-ST-ZIP **MOORE HAVEN FL 33471**

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

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: **MARGOLA LEICHT (MARY E) LEICHT**

4/26/01 944 656 5603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)