

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
 01-26-2000 90045 033 ****61.25

DOCUMENT # N27368

1. Entity Name

LIONS CLUB OF CAPE CORAL, FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

PO BOX 785
 CAPE CORAL FL 33910

PO BOX 785
 CAPE CORAL FL 33910-0700

906768



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

65-0064328

Applied For

Not Applied For

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

MARSDEN, LUCY
151 CAPE CORAL PKWY W
CAPE CORAL FL 33914

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

Lucy Marsden

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-00

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 PD ☒ Delete
 NAME CURTIS, KATHI
 STREET ADDRESS 1910 DEL PRADO S
 CITY-ST-ZIP CAPE CORAL FL 33990

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

TITLE VD ☐ Delete
 NAME WOOD, GEORGE
 STREET ADDRESS 122 SE 38TH TERR
 CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE SD ☐ Delete
 NAME MARSDEN, LUCY
 STREET ADDRESS 151 CAPE CORAL PKWY W
 CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE TD ☐ Delete
 NAME PINTO, DIANA
 STREET ADDRESS 1425 NE 4TH PLACE
 CITY-ST-ZIP CAPE CORAL FL 33909

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

TITLE TD ☐ Delete
 NAME Geraldine Fleischer
 STREET ADDRESS 631 SE 34th St.
 CITY-ST-ZIP Cape Coral, FL 33909

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Diana M. Pinto*

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

1-20-00

Diana M. Pinto
941-267-3660

Date

Daytime Phone #