2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # N27925** LOCKHART LIONS CLUB, INC. 01-25-2001 90209 029 ****61 25 Principal Place of Business Mailing Address 7406 EDGEWATER DRIVE 7406 EDGEWATER DRIVE ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6170066 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SAPP, JOHN W. 7404 EDGEWATER DRIVE ORLANDO FL 32810 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 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Secretary SD Change ☐ Addition TITLE TITLE ☐ Delete ANDREA Richardson KELLY, MARION NAME NAME 6115. miLLS AVE 5651 BROWNELL STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP F1 32801 orlando CITY-ST-ZIP ORLANDO FL 32810 Prusident ☐ Delete TITLE 4-Change ☐ Addition DUNCAR YOWLER, RICHARD NAME NAME HOWERD 8081 Stone Ruad STREET ADDRESS 1540 HAWAIIAN PALM LANE STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP Addition TITLE TD ☐ Delete TITLE ☐ Change SAPP, JOHN NAME NAME STREET ADDRESS 4207 LOCKHART DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL **VPD** TITLE ☐ Delete TITLE **C**hange ☐ Addition KELLY, ROBERT NAME NAME 5651 BROWNELL STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/14/01

107-895-559

Change

☐ Addition

CR2E037 (10/