

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-29-2002 90188 025 ****61.25

DOCUMENT # N27925

1. Entity Name

LOCKHART LIONS CLUB, INC.

Principal Place of Business

Mailing Address

7406 EDGEWATER DRIVE
 ORLANDO FL 32810

7406 EDGEWATER DRIVE
 ORLANDO FL 32810
 US

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

59-6170066

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

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 **SD**
 NAME **KELLY, MARION** ☒ Delete
 STREET ADDRESS **5651 BROWNELL STREET**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **P.D.** ☒ Change ☐ Addition
 NAME **ANN SAPP**
 STREET ADDRESS **4207 LOCKHART DR**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **PD**
 NAME **YOWLER, RICHARD** ☒ Delete
 STREET ADDRESS **1540 HAWAIIAN PALM LANE**
 CITY-ST-ZIP **APOKA FL 32712**

TITLE **VP** ☒ Change ☐ Addition
 NAME **DENYSE TAYLOR**
 STREET ADDRESS **113 E 95th Dr**
 CITY-ST-ZIP **LONGWOOD, FL 32719**

TITLE **TD** ☐ Delete
 NAME **SAPP, JOHN**
 STREET ADDRESS **4207 LOCKHART DR.**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE **VPD**
 NAME **KELLY, ROBERT** ☒ Delete
 STREET ADDRESS **5651 BROWNELL STREET**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **SD** ☒ Change ☐ Addition
 NAME **MAURS SINK**
 STREET ADDRESS **2840 REGENT AVE**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D.** ☐ Change ☒ Addition
 NAME **Bob Kelly**
 STREET ADDRESS **5651 Brownell St.**
 CITY-ST-ZIP **Orl. Fl. 32810**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D.** ☐ Change ☒ Addition
 NAME **REGGIE FATCH**
 STREET ADDRESS **1351 American Elm. St.**
 CITY-ST-ZIP **Altamonte, Springs 32714**

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: **John W. Sapp T.D.**

4-22-02 407-293-1487

CP2E037 (9/01)