

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28438

1. Entity Name

HALF MOON LIONS CLUB, INC.

Principal Place of Business

2220 S.E. 172ND TERR
SILVER SPRINGS FL 34488
US

Mailing Address

2220 S.E. 172ND TERR
SILVER SPRINGS FL 34488
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

59-1614155

☒ 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

LEE, EDITH A
2220 S.E. 172ND TERR
SILVER SPRINGS FL 34488

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

EDITH A. LEE President

1-10-01

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 PD
NAME LEE, EDITH A
STREET ADDRESS 2220 S.E. 172ND TERR
CITY-ST-ZIP SILVER SPRINGS FL 34488 ☐ Delete

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

TITLE D
NAME HOEY, JOHN
STREET ADDRESS 18486 SE 52ND ST
CITY-ST-ZIP OCKLAWAHA FL 32179 ☒ Delete

TITLE D
NAME STELLA McDONALD
STREET ADDRESS 8605 NE 153RD AVE
CITY-ST-ZIP SILVER SPRINGS FL 34488 ☐ Change ☐ Addition

TITLE D
NAME JORGENSEN, CHARLES
STREET ADDRESS 16962 S.E. 65TH PLACE
CITY-ST-ZIP OCKLAWAHA FL 32179 ☐ Delete

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

TITLE VD
NAME HOEY, TINA
STREET ADDRESS 18486 SE 52ND ST
CITY-ST-ZIP OCKLAWAHA FL 32179 ☒ Delete

TITLE VD
NAME LADRAIG JORGENSEN
STREET ADDRESS 16962 SE 65TH PLACE
CITY-ST-ZIP OCKLAWAHA FL 32179 ☒ Change ☐ Addition

TITLE SD
NAME JORGENSEN, LAURIE
STREET ADDRESS 16962 SE 65TH PLACE
CITY-ST-ZIP OCKLAWAHA FL 32179 ☒ Delete

TITLE SD
NAME TUDY MATYLEWICZ
STREET ADDRESS 18020 SE 17TH STREET
CITY-ST-ZIP SILVER SPRINGS FL 34488 ☒ Change ☐ Addition

TITLE D
NAME NEY, GERALDINE
STREET ADDRESS 2060 S.W. 172ND TERR
CITY-ST-ZIP SILVER SPRINGS FL 34488 ☐ Delete

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

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:

EDITH A. LEE President

Date

Daytime Phone #

1-10-01 (352) 625-7388

0079272

CR2E037 (10/00)