

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90998 034 ****70.00

DOCUMENT # N28438

1. Entity Name

HALF MOON LIONS CLUB, INC.



Principal Place of Business

**2220 S.E. 172ND TERR
SILVER SPRINGS FL 24488
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**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☐ Addition
NAME **LEE EDITH A**
STREET ADDRESS **2220 SE. 172ND TERRACE**
CITY-ST-ZIP **SILVER SPRINGS, FL. 34488**

TITLE **D** ☐ Delete
NAME **MCDONALD, STELLA**
STREET ADDRESS **8605 NE 153RD AVE**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

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

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

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

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

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

TITLE **PD** ☐ Delete
NAME **MATYLEWICZ, JUDY**
STREET ADDRESS **18020 SE 17TH STREET**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **SD** ☒ Change ☐ Addition
NAME **MATYLEWICZ Judy**
STREET ADDRESS **18020 SE. 17th ST**
CITY-ST-ZIP **SILVER SPRINGS, FL. 34488**

TITLE **SD** ☐ Delete
NAME **SMITH, MARTHA**
STREET ADDRESS **16939 SE 14TH ST. RD.**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **D** ☒ Change ☐ Addition
NAME **SMITH MARTHA**
STREET ADDRESS **16939 SE. 14th ST. RD.**
CITY-ST-ZIP **SILVER SPRINGS, FL. 34488**

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 **REQUIRED WITH A Lee**

4-4-03 (352) 625-7388

CR2E037 (10/02)