

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90093 005 ****61.25

905096



DO NOT WRITE IN THIS SPACE

DOCUMENT # N29944

1. Entity Name

ORLANDO DOWNTOWN LIONS CLUB, INC.

Principal Place of Business

Mailing Address

C/O ROGER H. GILL
 2014 E. ESTHER ST.
 ORLANDO FL 32806

C/O ROGER H. GILL
 2014 E. ESTHER ST.
 ORLANDO FL 32806-3241

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

59-2952656

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

GILL, ROGER H.
 2014 E. ESTHER ST.
 ORLANDO FL 32806

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 | D | <input type="checkbox"/> Delete |
| NAME | WIDOWS, THEODORE | |
| STREET ADDRESS | 10200 FLOWERS AVE. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MILBURN, ROBERT | |
| STREET ADDRESS | 1821 TAYLOR AVE | |
| CITY-ST-ZIP | WINTER PARK FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CONSER, LEE | |
| STREET ADDRESS | 2329 HOMEWOOD DR. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SHAW, ROBERT | |
| STREET ADDRESS | 5111 CYPRESS CREEK DRIVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KAUFFMAN, ELMER | |
| STREET ADDRESS | 4300 OLD DOMINION ROAD | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GILL, ROGER H. | |
| STREET ADDRESS | 2014 E. ESTHER ST. | |
| CITY-ST-ZIP | ORLANDO FL | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Roger H. Gill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/00 407-8982361

CR2E037 (9/99)