

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90038 025 \*\*\*\*61.25

**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

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

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

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

*Roger H. Gill*

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

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

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/12/02*

Date

*407-898-2361*

Daytime Phone #

CR2E037 (9/01)