

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34090

1. Entity Name

BAREFOOT BAY LIONS CLUB, INC.

FILED

Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90132 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

206 ALMOND COURT  
P.O. BOX 779-115  
BAREFOOT BAY FL 32976  
US

206 ALMOND COURT  
P.O. BOX 779-115  
BAREFOOT BAY FL 32976-9115  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

524 TARPON DRIVE

524 TARPON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 779-115

P.O. Box 779-115

City & State

City & State

BAREFOOT BAY, FL

BAREFOOT BAY, FL

Zip

Country

Zip

Country

32976

32976

4. FEI Number

59-2972112

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

DELUCA, RONALD  
917 DOGWOOD DR  
BAREFOOT BAY FL 32976

EDWIN DAVIDSON  
623 E. OLEANDER  
BAREFOOT BAY, FL  
32976

Name

EDWIN DAVIDSON

Street Address (P.O. Box Number is Not Acceptable)

623 E. OLEANDER

City

BAREFOOT BAY

FL

Zip Code

32976

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

Dorothy Dunphy - DOROTHY DUNPHY

1/13/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	BURNS, JOHN T	
STREET ADDRESS	917 DOGWOOD DR	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, ED	
STREET ADDRESS	623 E OLEANDER	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALLAHAN, MARGARET	
STREET ADDRESS	709 E OLEANDER	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	T	<input type="checkbox"/> Delete
NAME	WELLES, ANITA	
STREET ADDRESS	413 N MARLIN CIR	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CONTE, KATHLEEN M	
STREET ADDRESS	206 ALMOND COURT	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JANE	
STREET ADDRESS	623 N SEAGULL CIR	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	

TITLE	ED DAVIDSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	623 E. OLEANDER	
STREET ADDRESS	BAREFOOT BAY, FL. 32976	
CITY-ST-ZIP		
TITLE	L. RAYMOND DUNPHY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	524 TARPON DRIVE	
STREET ADDRESS	BAREFOOT BAY, FL. 32976	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DOROTHY DUNPHY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	524 TARPON DR	
STREET ADDRESS	BAREFOOT BAY, FL 32976	
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:

DOROTHY DUNPHY

1/13/00

561-663-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)