

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41087

1. Entity Name

BITTERBAND MOUNT DORA LIONS FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 131
MOUNT DORA FL 32757

P.O. BOX 131
MOUNT DORA FL 32757

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

59-3066032

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

HAROLD W. WOODALL
35210 ESTES ROAD
EUSTIS FL 32728

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

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 ☒ Delete
NAME MCCOWAN, JOHN
STREET ADDRESS 908 N. CLAYTON ST.
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE PD ☐ Change ☒ Addition
NAME CLARK, CHARLES R. JR.
STREET ADDRESS 11451 HICKORY LANE
CITY-ST-ZIP TAVARES, FL 32778

TITLE VD ☒ Delete
NAME CLARK, CHARLES R. JR.
STREET ADDRESS 11451 HICKORY LANE
CITY-ST-ZIP TAVARES FL 32778

TITLE VD ☐ Change ☒ Addition
NAME ~~CHARLES~~ VICTORELLI, MICHELE
STREET ADDRESS 15636 KEZER ROAD
CITY-ST-ZIP TAVARES FL 32778

TITLE STD ☐ Delete
NAME WOODALL, HAROLD
STREET ADDRESS 35210 ESTES ROAD
CITY-ST-ZIP EUSTIS FL 32728

TITLE STD ☐ Change ☐ Addition
NAME WOODALL, HAROLD
STREET ADDRESS 35210 ESTES ROAD
CITY-ST-ZIP EUSTIS, FL 32728

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

Harold W. Woodall SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

Date

352-357-0386

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE