

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90027 042 ****61.25

DOCUMENT # N43295

1. Entity Name

BROOKRIDGE LIONS CLUB, INC.

Principal Place of Business

7300 BROOKRIDGE CENTRAL BLVD
 BROOKSVILLE FL 34613
 US

Mailing Address

7300 BROOKRIDGE CENTER BLVD
 BROOKSVILLE FL 34613
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2741110

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILZ, DONALD R.
9193 ADMIRAL ST.
BROOKSVILLE FL 34613

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MARZULLO, PETER	
STREET ADDRESS	13367 CANDIA ST.	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	S	<input type="checkbox"/> Delete
NAME	DANIELS, NANCY	
STREET ADDRESS	9163 ADMIRAL ST.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILZ, DONALO	
STREET ADDRESS	9193 ADMIRAL ST.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAY, ROBERT	
STREET ADDRESS	15393 BROOKRIDGE BLVD. E	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILZ, MARLENE	
STREET ADDRESS	9193 ADMIRAL ST	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHNER, RUDOLF	
STREET ADDRESS	8088 MORIAH AVE	
CITY-ST-ZIP	BROOKSVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 of Rudolf Buchner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000 352-897-4598

Date Daytime Phone #

CR12E037 (9/99)