

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N43295**

1. Entity Name

BROOKRIDGE LIONS CLUB, INC.

Principal Place of Business

Mailing Address

7300 BROOKRIDGE CENTRAL BLVD
BROOKSVILLE FL 34613
US7300 BROOKRIDGE CENTER BLVD
BROOKSVILLE FL 34613
US

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

59-2741110

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P MARZULLO, PETER 13367 CANDIA ST. BROOKSVILLE FL 34609 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIELS, NANCY 9163 ADMIRAL ST. BROOKSVILLE FL 34613 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILZ, DONALO 9193 ADMIRAL ST. BROOKSVILLE FL 34613 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAY, ROBERT 15393 BROOKRIDGE BLVD. E BROOKSVILLE FL 34613 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILZ, MARLENE 9193 ADMIRAL ST BROOKSVILLE FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHNER, RUDOLF 8088 MORIAH AVE BROOKSVILLE FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGLE, DON 7659 MORIAH, AVE BROOKSVILLE, FL. 34613 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DARBY, FLOYD 14378 NECTARINE, ST BROOKSVILLE, FL. 34613 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEATERS, CHAS. 8049 MONTROSE, AVE. BROOKSVILLE, FL. 34613 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORSI, ROBERT 7865 MORIAH, AVE. BROOKSVILLE, FL. 34613 ☒ Change ☐ Addition

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

Date

Daytime Phone #

4/30/01

352-597-4598

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90103 023 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)