## **2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N43374** 1. Entity Name LIONS OF WEST PASCO AND CLARA S. ANDERSON CHARIT Principal Place of Business Mailing Address % FRANCIS LEONABO-WORWA 7632 MASSACHUSETIS AVE NEW-PORT RICHEY FL 34653 P. O. BOX 2037 NEW PORT RICHEY FL 34656-2037

## **FILED** Feb 10, 2000 8:00 am Secretary of State

02-10-2000 90051 030 \*\*\*\*61.25

PARTLANT



		<u> </u>					(	<u>   2141  1881</u>	
2. Principal Place of Business  11207 SALT TREE LN  3. Mailing Address									
Suite, Apt. #, etc.	<u> </u>	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	<u> </u>	City & State			4. FEI Number 59-3065085		Ap	plied For	
PORT RICHEY F.				·				ot Applicable	
Zip Country Zip Country					5. Certificate of Status Desired Fee Required Fee Required				
6. Name and Address of Current Registered Agent  Name					7. Name and Address of New Registered Agent				
				KENNETH E HUBER					
				Street Address (P.O. Box Number is Not Acceptable)  1/207 SALT TREE LANG					
7634 MASSACHUSETTS AVE			77.07 57.21 77.52 51.5						
NEW PORT RICHEY !	FL 34653	City			7 Tip Code				
			City 🗗	ort	- RICH	£y'	FL Zigcyd	66S	
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 DULL							2/3/00	0	
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	TENNETH E.	HUBER			·—				
FÎLE NOW: 9. Election Campaign Financin				\$5.0	<b>0</b> May Be	Make Che	ck Payable to	,	
FEE IS	\$61.25	Trust Fund Contribu	ution. $\square$		to Fees	Departm	ent of State		
10	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	GES TO OFFICERS ANI	D DIRECTORS IN	10	
TITLE PD: 423-4		Delete	TITLE		ADDITIONS/CHAIN	JES TO OFFICERS AIN	☐ Change	☐ Addition ( §	
NAME LEE, HOW		□ Delete	NAME						
	NMOOR LANE		STREET ADDRESS					[3]	
CITY-ST-ZIP PORT RIC			CITY-ST-ZIP					<u> </u>	
TITLE D		Delete	TITLE	Vica	~		Change (	Addition C	
	STANLEY L.		NAME STREET ADDRESS	417	Box-3tt	& 5334 Mile	STEETCH	DR.	
	GLEWOOD DRIVE	**	ŞTREET ADDRESS City-St-Zip	-		34690 -3148		· · ·	
TITLE SD	<u>rL</u>	Delete	TITLE		RETARY	311010 -22	Change	Addition	
	FRANCIS LEONARD	<b>D</b> CICIO	NAME	KE	NNETH E	HUMEN		_	
	SACHUSETTS AVE		STREET ADDRESS	113	207 52-	TREE LAN	<i>5</i> -		
CITY-ST-ZIP NEW POR	T RICHEY FL	, , , , , , , , , , , , , , , , , , ,	CITY-ST-ZIP	P	ORT RICK	tey, Fl. 34	668		
TITLE TD		☐ Delete	TITLE			• 1	Change	☐ Addition	
NAME HUDGINS. STREET ADDRESS 9415 PAU		,	NAME STREET ADDRESS	ł					
CITY-ST-ZIP PORT RIC			CITY-ST-ZIP						
TITLE D	116116	<b>⊠</b> Delete	TITLE		EUTOR	•	Change	☐ Addition	
NAME BALOGH,	FRANK :		NAME	CHA	RISTINE MI	LACEK-FIORE			
	SSANDRA DRIVE		STREET ADDRESS		-	= WAY			
CITY-ST-ZIP ODESSA			CITY-ST-ZIP		et Riche	y, Fl. 346			
TITLE D.	•	., Delete .	TITLE		inector !	•	🔀 Change	☐ Addition	
	Caroline F Glewood Drive	•	NAME STREET ADDRESS	De	pris Maso	NA AVENUE			
CITY-ST-ZIP HUDSON			CITY-ST-ZIP	علم ا	N POOT F	EICHEY Fl.	34653	1	
THOPSON	<u> </u>			77.50				-6	

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-846-1444