

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90157 035 \*\*\*\*\*61.25

**DOCUMENT # N43374**

1. Entity Name

**LIONS OF WEST PASCO AND CLARA S. ANDERSON CHARIT  
 ABLE CORPORATION**

Principal Place of Business

**8320 PLATHE ROAD  
 NEW PORT RICHEY FL 34653**

Mailing Address

**P. O. BOX 2037  
 NEW PORT RICHEY FL 34656-2037  
 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

**59-3065085**

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

**HUBER, KENNETH E  
~~11207 SALT TREE LN~~  
~~PORT RICHEY FL 34668~~**

Name

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

**11538 LAKEVIEW DRIVE**

City

**NEW PORT RICHEY**

FL

Zip Code

**34654**

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 **D** ☐ Delete  
 NAME **LEE, HOWELL**  
 STREET ADDRESS **9227 GLENMOOR LANE**  
 CITY-ST-ZIP **PORT RICHEY FL**

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

TITLE **P** ☒ Delete  
 NAME **PHILLIPS, LIZ**  
 STREET ADDRESS **5334 MILE STRETCH DR**  
 CITY-ST-ZIP **HOLIDAY FL 34690**

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

TITLE **S** ☐ Delete  
 NAME **HUBER, KENNETH E**  
 STREET ADDRESS **11207 SALT TREE LN**  
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **SECRETARY - TREASURER** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☒ Delete  
 NAME **HUDGINS, FLOYD**  
 STREET ADDRESS **9415 PALM AVE**  
 CITY-ST-ZIP **PORT RICHEY FL**

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

TITLE **D** ☐ Delete  
 NAME **IORE, CHRISTINE**  
 STREET ADDRESS **8634 ROBIE WAY**  
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **MASON, DORIS**  
 STREET ADDRESS **6119 MONTANA AVE**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02 (727) 846-0066**

Date

Daytime Phone #

CR2E037 (9/01)