## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **N43780** Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** LAKELAND DIXIELAND LIONS CLUB, INC. 01-12-2000 90049 025 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 2596 P.O. BOX 2596 LAKELAND FL 33806 LAKELAND FL 33806-2596 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3124150 Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WADE, RAMONA 4131 CINDY RD. LAKELAND FL 33810 Zip Code City FI 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 心理人的任务统 出版有名词 流流化 字40-图158mg (19) SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE TD ☐ Delete TITLE NAME ROSS, RICHARD A NAME STREET ADDRESS STREET ADDRESS 4952 PLEASANT HOLLOW TRAIL CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Addition TITLE D . ☐ Delete TITLE ☐ Change NAME KLEINTOP, MAX NAME STREET ADDRESS STREET ADDRESS 5723 LAKE GROVE DR. CITY-ST-ZIP CITY-ST-ZIP Lakeland FL 33809 -☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME MOSHOLDER, BILL NAME STREET ADDRESS STREET ADDRESS 852 BRYSON LOOP CITY-ST-ZIP CITY-ST-ZIP **LAKELAND FL 33809** Delete TITLE ☐ Change ☐ Addition TITLE ROSS, DEBBIE NAME NAME STREET ADDRESS STREET ADDRESS 4952 PLEASANT HOLLOW TRAIL CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33811 ☐ Addition ☐ Change ☐ Delete TITLE TITLE MOSHOLDER, MARTY NAME NAME STREET ADDRESS STREET ADDRESS 852 BRYSON LOOP CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 Change ☐ Addition TITLE M Delete TITLE DEPUE, SONJA WEED, HERMAN NAME NAME 7690 BRIAN LOOP STREET ADDRESS STREET ADDRESS 4444 U S 98 NORTH LAKELAND, FL. 33810 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 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 charged or on an attachment with an address with the second of the corporation of the corp

er like empowered.

changed, or on an attachment