## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 08, 2001 8:00 am Secretary of State **DOCUMENT # N43780** 1. Entity Name LAKELAND DIXIELAND LIONS CLUB, INC. 01-08-2001 90050 014 \*\*\*\*61.25 Mailing Address Principal Place of Business P.O. BOX 2596 P.O. BOX 2596 LAKELAND FL 33806 LAKELAND FL 33806 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3124150 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WADE, RAMONA 4131 CINDY RD. LAKELAND FL 33810 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. CR2E037 (10/00) ☐ Addition TITLE ☐ Delete TITI E KLEINTOP, MAX NAME NAME STREET ADDRESS 5723 LAKE GROVE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MOSHOLDER, BILL NAME 852 BRYSON LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 DIRECTUR **X** Delete TITLE **Change** ☐ Addition TITLE JOE CARLSON ROSS. DEBBIE NAME NAME 831 KENSINGTON ST STREET ADDRESS STREET ADDRESS 4952 PLEASANT HOLLOW TRAIL LAKELAND, FL. CITY-ST-ZIP CITY-ST-ZIP 33803 LAKELAND FL 33811 ☐ Change Addition ☐ Delete TITLE MOSHOLDER, MARTY NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 attachm

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

DIRECTOR

GREGG HALL

TREASURER

5843 CRANE DR.

RICHARD A. ROSS

LAKELAND, FL.

LAKELAND, FL. 33809

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

852 BRYSON LOOP

LAKELAND FL 33809

DEPUE, SONJA

7690 BRIAN LOOP

LAKELAND FL 33810

URTCHARD A. ROSS

Delete

☐ Delete

1-2-01

4952 PLEASANT HOLLOW TR.

Change

☐ Change

☐ Addition

Addition

194k

**=** 1 #111