

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90233 002 ****61.25

DOCUMENT # N43780

1. Entity Name

LAKELAND DIXIELAND LIONS CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2596
 LAKELAND FL 33806
 US

P.O. BOX 2596
 LAKELAND FL 33806
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 90665
 Suite, Apt. #, etc.

P.O. Box 90665
 Suite, Apt. #, etc.

City & State

Lakeland, Fl.

City & State

Lakeland, Fl.

4. FEI Number

59-3124150

Applied For

Not Applicable

Zip

Country

33804-0665

USA

Zip

Country

33804-0665

USA

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

WADE, RAMONA
4131 CINDY RD.
LAKELAND FL 33810

Name

Bill Hanna

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

3734 Innisbrook Dr.

City

Lakeland, Fl. 33810

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 **Bill Hanna**

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 **KLEINTOP, MAX**
 STREET ADDRESS **5723 LAKE GROVE DR.**
 CITY-ST-ZIP **LAKELAND FL 33809**

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

TITLE **D** ☐ Delete
 NAME **MOSHOLDER, BILL**
 STREET ADDRESS **852 BRYSON LOOP**
 CITY-ST-ZIP **LAKELAND FL 33809**

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

TITLE **D** ☐ Delete
 NAME **CARLSON, JOE**
 STREET ADDRESS **831 KENSINGTON ST**
 CITY-ST-ZIP **LAKELAND FL 33803**

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

TITLE **SD** ☒ Delete
 NAME **MOSHOLDER, MARTY**
 STREET ADDRESS **852 BRYSON LOOP**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **SD** ☐ Change ☐ Addition
 NAME **Mary Ann Kleintop**
 STREET ADDRESS **5723 Lake Grove Drive**

TITLE **D** ☒ Delete
 NAME **HALL, GREGG**
 STREET ADDRESS **5843 CRANE DR**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **Lakeland, Fl. 33809**
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **ROSE, RICHARD A**
 STREET ADDRESS **4952 PLEASANT HOLLOW TRAIL**
 CITY-ST-ZIP **LAKELAND FL 33811**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **Paul Walker**
 CITY-ST-ZIP **1416 Glendale St.**
Lakeland, Fl. 33803

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 #

2/19/02 363/858-0100

CR2E037 (9/01)