

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

1/3

01-31-2003 90107 037 \*\*\*\*61.25

**DOCUMENT # N43780**

1. Entity Name

**LAKELAND DIXIELAND LIONS CLUB, INC.**



Principal Place of Business

P.O. BOX90665  
LAKELAND FL 33806  
US

Mailing Address

P.O. BOX90665  
LAKELAND FL 33806  
US

**55010170**

00047222



☐ CHECK HERE IF MAKING CHANGES

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 **59-3124150**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HANNA, BILL**  
**3734 INNISBROOK DR**  
**LAKELAND FL 33810**

7. Name and Address of New Registered Agent

Name **JOE CARLSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**831 KENSINGTON ST.**  
City **LAKELAND, FL** Zip Code **33803**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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 **2ND VICE PRES.** ☒ Change ☐ Addition  
NAME **BILL HANNA**  
STREET ADDRESS **3734 INNISBROOK DR.**  
CITY-ST-ZIP **LAKELAND, FL. 33810**

TITLE **SD** ☐ Delete  
NAME **KLEINTOP, MARY ANN**  
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 **WALKER, PAUL**  
STREET ADDRESS **1416 GLENDALE ST**  
CITY-ST-ZIP **LAKELAND FL 33803**

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

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

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:

**ROBERT D. SWANN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN. 24-03**

**863-815-8313**

Date

Daytime Phone #

CR2E037 (10/02)