

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48321

1. Entity Name

PORT CHARLOTTE LIONS CLUB FOUNDATION, INC.

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90634 001 ***122.50

Principal Place of Business

PO BOX ~~494007~~ 494007
PT CHARLOTTE FL 33949

Mailing Address

PO BOX ~~494007~~ 494007
PT CHARLOTTE FL 33949

2. Principal Place of Business

Port Charlotte FL

3. Mailing Address

P.O. Box 994007

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

Port Charlotte FL

Zip

Country

33949

USA

Zip

Country

33949

USA

4. FEI Number

65-0322478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHADE, RICHARD
21298 COTTONWOOD AVENUE
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

No change

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

City

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

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

TITLE	P	WILLIAM, JERRET	<input checked="" type="checkbox"/> Delete
NAME		20263 GLADSTONE AVE	
STREET ADDRESS		PORT CHARLOTTE FL 33952	
CITY-ST-ZIP			
TITLE	S	PRITCHARD, LYDIA	<input type="checkbox"/> Delete
NAME		114 LENOIR STREET	
STREET ADDRESS		PORT CHARLOTTE FL 33948	
CITY-ST-ZIP			
TITLE	J	SHADE, RICHARD	<input checked="" type="checkbox"/> Delete
NAME		21298 COTTONWOOD AVENUE	
STREET ADDRESS		PORT CHARLOTTE FL 33952-2628	
CITY-ST-ZIP			
TITLE	D	WEGLEY, HENRY	<input type="checkbox"/> Delete
NAME		112 COUSLEY DRIVE	
STREET ADDRESS		PORT CHARLOTTE FL 33952	
CITY-ST-ZIP			
TITLE	D	BUTLER, JUNE	<input type="checkbox"/> Delete
NAME		3153 KINGSTON ST.	
STREET ADDRESS		PORT CHARLOTTE FL 33952	
CITY-ST-ZIP			
TITLE	D	BUTLER, HOWARD	<input type="checkbox"/> Delete
NAME		3153 KINGSTON STREET	
STREET ADDRESS		PORT CHARLOTTE FL 33952	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pritchard, Lyndon	
STREET ADDRESS	114 Lenoir	
CITY-ST-ZIP	Port Charlotte FL 33948	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard D. Shade 4-16-02 941-627-1869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)