

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91206 016 \*\*\*\*61.25

**DOCUMENT # N48321**

1. Entity Name

**PORT CHARLOTTE LIONS CLUB FOUNDATION, INC.**



Principal Place of Business

PO BOX 494007  
PT CHARLOTTE FL 33949

Mailing Address

PO BOX 494007  
PT CHARLOTTE FL 33949

2. Principal Place of Business

*Same as above*  
**Port Charlotte FL**

3. Mailing Address

*Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0322478**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**SHADE, RICHARD**  
**21298 COTTONWOOD AVENUE**  
**PORT CHARLOTTE FL 33952**

Name

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

SIGNATURE

*Richard Shade* **Richard Shade treas. 4-14-03**

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 **P** ☒ Delete  
NAME **PRITCHARD, LYNDON**  
STREET ADDRESS **114 LENOIR**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **P** ☒ Change ☐ Addition  
NAME **Richmond-Roger**  
STREET ADDRESS **21931 Buxton Ave.**  
CITY-ST-ZIP **Port Charlotte FL 33952**

TITLE **S** ☒ Delete  
NAME **PRITCHARD, LYDIA**  
STREET ADDRESS **114 LENOIR STREET**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **S.** ☒ Change ☐ Addition  
NAME **Hegard-Dolores**  
STREET ADDRESS **22369 LaGuardia Ave**  
CITY-ST-ZIP **Port Charlotte FL 33952**

TITLE **T** ☐ Delete  
NAME **SHADE, RICHARD**  
STREET ADDRESS **21298 COTTONWOOD AVENUE**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952-2628**

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

TITLE **D** ☒ Delete  
NAME **WEGLEY, HENRY**  
STREET ADDRESS **112 COUSLEY DRIVE**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** ☒ Change ☐ Addition  
NAME **Clymer-Robert**  
STREET ADDRESS **1469 Dorchester St.**  
CITY-ST-ZIP **Port Charlotte FL 33952**

TITLE **D** ☐ Delete  
NAME **BUTLER, JUNE**  
STREET ADDRESS **3153 KINGSTON ST.**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE **D** ☐ Delete  
NAME **BUTLER, HOWARD**  
STREET ADDRESS **3153 KINGSTON STREET**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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:

*Richard Shade* **Richard Shade**  
**4-14-03** **941-627-1869**

CR2E037 (10/02)