

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50795

1. Entity Name

OKEECHOBEE LIONS CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 89  
OKEECHOBEE FL 34972  
US

P O BOX 89  
OKEECHOBEE FL 34972  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
34973

Country

Zip  
34973

Country

4. FEI Number 65-0366516

Applied For  
Not Applicable

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

BASS, LAVON  
2001 9W 5TH AVENUE  
OKEECHOBEE FL 34974

Name Miles, GARY P.  
Street Address (P.O. Box Number is Not Acceptable)

274 SE 15th Avenue

City Okeechobee FL Zip Code 34974-4721

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 *Gary P. Miles*, President (GARY P. MILES)

8-7-01

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  
After September 12, 2001, min. will be \$236.25

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 PV  
NAME HORACK, HARRY  
STREET ADDRESS 2201 SW 28TH ST. (V-72)  
CITY-ST-ZIP OKEECHOBEE FL 34974 ☒ Delete

TITLE VD  
NAME PAUL J. HIOTT  
STREET ADDRESS 456 SE FALLON DR.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952 ☐ Change ☒ Addition

TITLE XD  
NAME SUMNER, ELDER  
STREET ADDRESS P.O. BOX 566  
CITY-ST-ZIP OKEECHOBEE FL 34973 ☐ Delete

TITLE D  
NAME DONNIE ROBERTSON  
STREET ADDRESS 5270 NW 30th Street  
CITY-ST-ZIP OKEECHOBEE, FL 34972-8862 ☐ Change ☒ Addition

TITLE D  
NAME KINSAUL, JOHNNIE M  
STREET ADDRESS P.O. BOX 1033  
CITY-ST-ZIP OKEECHOBEE FL 34973 ☐ Delete

TITLE D  
NAME MONROE ARNOLD  
STREET ADDRESS 14627 NW 34th TERRACE  
CITY-ST-ZIP OKEECHOBEE, FL 34972-0945 ☐ Change ☒ Addition

TITLE STD  
NAME BASS, LAVON  
STREET ADDRESS 2001 9W 5TH AVE. P.O. BOX 428  
CITY-ST-ZIP OKEECHOBEE FL 34974 34973 ☐ Delete

TITLE D  
NAME JULIAN STINNETT  
STREET ADDRESS 810 SE 13TH STREET  
CITY-ST-ZIP OKEECHOBEE, FL 34974 ☐ Change ☒ Addition

TITLE D  
NAME GRINDSTAFF, MARK  
STREET ADDRESS 2768 NE 6TH COURT  
CITY-ST-ZIP OKEECHOBEE FL 34972 ☒ Delete

TITLE D  
NAME WAYNE CLARK  
STREET ADDRESS 1574 SW 18TH TERRACE  
CITY-ST-ZIP OKEECHOBEE, FL 34974 ☐ Change ☒ Addition

TITLE XPD  
NAME MILES, GARY  
STREET ADDRESS 274 SE 15TH AVE  
CITY-ST-ZIP OKEECHOBEE FL 34974 -4721 ☐ Delete

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

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: *GARY P. MILES* REQUIRED

8-7-01 (863) 763-7130

FILED  
Aug 14, 2001 8:00 am  
Secretary of State

08-14-2001 90004 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)