

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90330 001 ****70.00

DOCUMENT # N50795

1. Entity Name

OKEECHOBEE LIONS CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 89
 OKEECHOBEE FL 34973
 US

P O BOX 89
 OKEECHOBEE FL 34973
 US

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

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

GILES, MARY
274 SE 15TH AVENUE
OKEECHOBEE FL 34974

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-16-02

**After September 13, 2002,
 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 **VD** ☐ Delete
 NAME **HIOTT, PAUL J**
 STREET ADDRESS **456 SE FALLON DRIVE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **VD** ☒ Change ☐ Addition
 NAME **HIOTT, PAUL J.**
 STREET ADDRESS **1816 S. 33rd Street**
 CITY-ST-ZIP **FT. PIERCE, FL. 34947**

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

TITLE **D** ☒ Change ☐ Addition
 NAME **SUMNER, ELDER**

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

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

TITLE **STD** ☐ Delete
 NAME **BASS, LAVON**
 STREET ADDRESS **2001 SW 5TH AVE.**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

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

TITLE **D** ☐ Delete
 NAME **ROBERTSON, DONNIE**
 STREET ADDRESS **5270 NW 30TH STREET**
 CITY-ST-ZIP **OKEECHOBEE FL 34972-8862**

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

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **MILES, GARY**

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

7-16-02

CR2E037 (4/02)