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

## DOCUMENT # N9300000451

OCALA FORT KING LIONS CLUB, INC.



## **FILED** Jan 13, 2003 8:00 am § Secretary of State

01-13-2003 90402 049 \*\*\*\*61.25

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	Principal F	lace of Busines		Mailing Address		والمرابعة والمرابعة					
18 W	21 SE WEN OCALA FL			P.O. BOX 1026 OCALA FL 34478					的的代表。		
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}	Principal Place of Business     Address     Address						]			1 1101 1101 1101	
L				3. Mailing Address	Malling Address		i idaniiloi eile i				
Γ	Suite, A	pt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		_				
H	City & State						☐ CHECK HERE IF MAKING CHANGES				
	City a 3			City & State	City & State		4. FEI Number <b>59-3166928</b> Applied For				
	Zip	Zip Country			Zip Country					Not Applicab	ie
-	C November 1						5. Certificate of S	tatus Desired	□ \$8.75 Fee Requ		
┢	6. Name and Address of Current Registered Agent  Name						7. Name and Add	lress of New Re	gistered Agent		ㅓ
	WILSOI	N, PAUL E JR	e description of the second second	<del></del>			the factor of the same of the				٦
		WENONA AVE			Street Address (		O. Box Number is t	Not Acceptable)			$\dashv$
	OCALA	FL 34471				<del></del>	<del></del>	<del></del>			4
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$\vdash$	8 Thombo	us nomed a-via			City				FL Zip Co	ode	7
	the oblig	ve named entity ations of registe	red agent	for the purpose of changing	g its registered offic	e or registere	d agent, or both, in	the State of Florid	da. I am familiar witi	h, and accept	$\dashv$
						) _					
1:	SIGNATURE		4	/////	- 100	1/20	1/1/2000	7	1/10/00	?	
-		Signature, typed o	r printed name of registered age	nt and title if applicable	(NOTE: Registered Agent si	gnature required w	hen reinstating)		DATE	<del>)</del>	
										····	$\dashv$
		FILE NOW: FEE IS \$61.25  9. Election Carn Trust Fund Co				`	\$5.00 May Be	Make	Check Payable	e to	
L			•	i dati ui	id Contribution.	□ ,	Added to Fees	Florida	Department of	State	1
	10. OFFICERS AND DIRECT			IRECTORS	11,	ΑC	DDITIONS/CHANGE	S TO OFFICERS	AND DIRECTORS I	N 10	╛
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	AME	GREENE, RO		_ 50.00	NAME				☐ Change	Addition	3
ĺ	reet address Ty-St-Zip	2837 SE 37 OCALA FL	SIR		STREET ADDRES	s					
	TLE .	D	<del> </del>	<del></del>	CITY-ST-ZIP						
	IME .	UPP, CHARL	ES	Delete	TITLE	-	·	<u> </u>	☐ Change	Addition	1
	REET ADDRESS	515 N.E. 21			NAME Street address						
CIT	IY-ST-ZIP	OCALA FL			CITY-ST-ZIP						
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	ME REET ADDRESS	MEAD, RON 3144 NE 2NI	DOMACE		NAME				☐ Change	☐ Addition	
	Y-ST-ZIP	OCALA FL	PLACE		STREET ADDRESS	<b>5</b>					
TITL	LE				CITY-ST-ZIP						1
NAM		1		☐ Delete	TITLE NAME				Change	☐ Addition	
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	EET ADDRESS				NAME				€ cuange	☐ Addition	
	'-ST-ZIP				STREET ADDRESS						
12.	l hereby co	ertify that the inf	formation supplied with	this filing does not qualify for	CITY-ST-ZIP	<u> </u>					

release terms that the information supplied with this tilling 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 changed, or on an attachment with an address, with all other like empowered to expect this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: