

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001363

1. Entity Name

BOYNTON BEACH LIONS ACTIVITIES, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90014 031 \*\*\*\*61.25

Principal Place of Business

306 E. BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33435

Mailing Address

306 E. BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33435-3842

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

2424 N. FEDERAL HWY  
205

City & State

Zip

Country

City & State

Zip

Country

BOYNTON BEACH FL  
33435 PALM BEACH

4. FEI Number

65-0402485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GROMKO, DONALD J  
2424 N FEDERAL HWY #205  
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

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.

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 ☐ Delete  
NAME D  
STREET ADDRESS WEEKS, LLOYD  
CITY-ST-ZIP 4251 OLD BOYNTON RD  
BOYNTON BEACH FL 33436

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WEAVER, STANLEY  
CITY-ST-ZIP 4662 LOTUS WAY  
BOYNTON BEACH FL 33436-2931

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROBERT COLLIER  
CITY-ST-ZIP 1381 S.W. 27TH AVE.  
BOYNTON BEACH FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GROMKO, DONALD J  
CITY-ST-ZIP 2424 N FEDERAL HWY #205  
BOYNTON BEACH FL 33435

TITLE ☐ Delete  
NAME D  
STREET ADDRESS THOMAS P. HOWELL  
CITY-ST-ZIP 59 SPANISH RIVER DR  
OCEAN RIDGE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(l), 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:

*C. Stanley Weaver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2000 561-740-2374  
Date Daytime Phone #

CR2E037 (9/99)