

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003770

1. Entity Name

BARTOW LIONS CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 992
BARTOW FL 33830

P.O. BOX 992
BARTOW FL 33831-0992

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

59-6169984

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

O'TOOLE, NEAL L
395 S. CENTRAL AVE.
BARTOW FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	HAIN, ALLEN	
STREET ADDRESS	1580 BOUGAINVILLEA WAY	
CITY-ST-ZIP	BARTON FL 33830	
TITLE	V	<input type="checkbox"/> Delete
NAME	PITTMAN PAT	
STREET ADDRESS	HIGHWAY 17 S	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, GARY	
STREET ADDRESS	1140 LISA LANE	
CITY-ST-ZIP	BARTON FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, BILL	
STREET ADDRESS	1855 KISSINGER AVE.	
CITY-ST-ZIP	BARTON FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELEGEE, JOE	
STREET ADDRESS	450 N. WILSON AVE.	
CITY-ST-ZIP	BARTON FL 33830	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, F.E.	
STREET ADDRESS	1095 S. BROADWAY	
CITY-ST-ZIP	BARTOW FL 33830	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD CARPENTER	
STREET ADDRESS	205 S. ORANGE AVE.	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD CAMPBELL	
STREET ADDRESS	815 SOMERSET S.	
CITY-ST-ZIP	LAKELAND, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. O. GIBSON JR.	
STREET ADDRESS	1390 SWERDINGEN AVE.	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

F.E. MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90206 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)