

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

12/1/00

**DOCUMENT # N93000003770**

1. Entity Name

**BARTOW LIONS CLUB, INC.**

02-24-2002 90045 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 992  
 BARTOW FL 33830

P.O. BOX 992  
 BARTOW FL 33830

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

**MOODY, DANIEL D**  
**P O BOX 246**  
**575 NORTH BROADWAY**  
**BARTOW FL 33830**

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 ☐ Delete  
 NAME **P**  
**HAIN, ALLEN**  
 STREET ADDRESS **1580 BOUGAINVILLEA WAY**  
 CITY-ST-ZIP **BARTON FL 33830**

TITLE ☒ Change ☐ Addition  
 NAME **P**  
**GUFFEY, KAREN**  
 STREET ADDRESS **125 EAST MAIN ST.**  
 CITY-ST-ZIP **BARTOW, FL 33830**

TITLE ☐ Delete  
 NAME **V**  
**PITTMAN PAT**  
 STREET ADDRESS **HIGHWAY 17 S**  
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☒ Change ☐ Addition  
 NAME **V**  
**WARRICK, SHAWA**  
 STREET ADDRESS **1214 NORTH BROADWAY**  
 CITY-ST-ZIP **BARTOW, FL 33830**

TITLE ☐ Delete  
 NAME **D**  
**WILSON, GARY**  
 STREET ADDRESS **1140 LISA LANE**  
 CITY-ST-ZIP **BARTON FL 33830**

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

TITLE ☐ Delete  
 NAME **D**  
**LAWSON, BILL**  
 STREET ADDRESS **1855 KISSINGER AVE.**  
 CITY-ST-ZIP **BARTON FL 33830**

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

TITLE ☐ Delete  
 NAME **D**  
**DELEGEE, JOE**  
 STREET ADDRESS **450 N. WILSON AVE.**  
 CITY-ST-ZIP **BARTON FL 33830**

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

TITLE ☐ Delete  
 NAME **T**  
**MILLER, F.E.**  
 STREET ADDRESS **1095 S. BROADWAY**  
 CITY-ST-ZIP **BARTOW FL 33830**

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)(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**  
 F.E. MILLER  
 1095 S. BROADWAY  
 BARTOW, FL 33830  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)