

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90513 019 \*\*\*\*61.25

**DOCUMENT # N94000003479**

1. Entity Name

**AUBURNDALE LIONS CLUB, INC.**

Principal Place of Business

**226 BENNETT ST.  
AUBURNDALE FL 33623**

Mailing Address

**P.O. BOX 1271  
AUBURNDALE FL 33823  
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

**65-0701034**

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

**GUTTERIDGE, ERNEST  
4064 LAKE MARIANA DRIVE  
WINTER HAVEN FL 33881**

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** ☒ Delete  
NAME **TAYLOR, DEBRA**  
STREET ADDRESS **519 TANGLEWOOD DR**  
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **P/Director** ☒ Change ☐ Addition  
NAME **Janice Bullock**  
STREET ADDRESS **123 4th Street JPV, Winter Haven, FL 33881**

TITLE **D** ☐ Delete  
NAME **GUTTERIDGE, ERNEST**  
STREET ADDRESS **4064 LAKE MARIANNA DR**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D/VP Charles C. Samen** ☒ Change ☐ Addition  
NAME **150 Old Nichols Circle**  
STREET ADDRESS **Auburndale, Fl. 33823**

TITLE **DS** ☐ Delete  
NAME **JODAR, DONALD**  
STREET ADDRESS **71 PINE LANE**  
CITY-ST-ZIP **LAKE ALFRED FL**

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

TITLE **DT** ☐ Delete  
NAME **SAMEN, CHARLES C**  
STREET ADDRESS **150 OLD NICHOLS CIRCLE**  
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **D/T** ☒ Change ☐ Addition  
NAME **Ann Cahill**  
STREET ADDRESS **121 Holiday Lane**  
CITY-ST-ZIP **Auburndale Fl. 33823**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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)(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: Ernest Gutteridge**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/2001 (863) 956-2446**

Date Daytime Phone #

CR2E037 (10/00)