2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400005461 Feb 07, 2000 8:00 am Secretary of State 1. Entity Name WINTER GARDEN LIONS CLUB, INC. 02-07-2000 90015 035 ****61.25 Principal Place of Business Mailing Address 120 SQ. DILLARD STREET POST OFFICE BOX 770757 WINTER GARDEN FL 34777-0757 WINTER GARDEN FL 34777-0757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FÉI Number 59-6151298 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) KING, EDWARD L 10 E SMITH ST WINTER GARDEN FL 34787 City 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 DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Addition Change □ Delete TITLE TITLE ANNIS, DAN NAME NAME STREET ADDRESS STREET ADDRESS 214 N DILLARD ST CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP Change ☐ Addition VD Delete TITLE HOLLAND, VERNE NAME 103 MANDARIN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WINTER GARDEN FL 34787** Change ■ Addition TITLE ☐ Delete IRVINE. BILL NAME NAME. STREET ADDRESS 40 W SMITH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 VΤD Change ■ Addition TITLE ☐ Delete KING, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 10 E SMITH ST CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 Addition Addition X Delete TITLE TITLE GAY ANNIS VAN KUREN, MARY NAME NAME 214 N. DILLARD ST STREET ADDRESS 1581 BLACKWOOD AVE STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34789 CITY-ST-ZIE GOTHA FL 34734 ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.