## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 21, 2002 8:00 am Secretary of State DOCUMENT # **N95000000485** 05-21-2002 90861 040 \*\*\*\*61.25 LIONS CLUB OF MELBOURNE, INC. Principal Place of Business Mailing Address 1107 E PROSPECT AVE 1107 E PROSPECT AVE MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3295159 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NOBLE, JOHN T 1107 E PROSPECT AVE MELBOURNE FL 32901 City Zip Code FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE (9/01)Change ☐ Addition HENSHAW, ROGER S NAME NAME 1523 ANGLERS DR NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32905 CITY-ST-ZIP DVS TITLE Delete TITLE ☐ Change ☐ Addition MALLOZZI, JULIE NAME NAME 2772 PALM DR NE STREET ADDRESS STREET ADDRESS CITY-ST-7IP Palm bay FL 32905 CITY-ST-ZIP DT. Delete -TITLE TITLE ☐ Change ☐ Addition NOBLE, JOHN NAME NAME 2772 PALM DR NE STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM BAY FL 32905 CITY-ST-ZIP D<sub>2</sub>V TITLE ☐ Delete TITLE ☐ Change ■ Addition MUSGRAVE, JOHN NAME STREET ADDRESS 3117 Fairview Dr STREET ADDRESS CiTY-ST-ZIP MELBOURNE FL 32934 CITY-ST-ZIP ☐ Delete TITL F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pther like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BUE 4-22-02 321-725-5243

**FILED**