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

## Apr 11, 2002 8:00 am Secretary of State **DOCUMENT # N95000002210** JACKSONVILLE BEACHES LIONS CLUB, INC. 04-11-2002 90660 014 \*\*\*\*61.25 Principal Place of Business Mailing Address 319 LIONS ROAD 319 LIONS ROAD JACKSONVILLE FL 32250 JACKSONVILLE FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1265511 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) NOE, WILLIAM G JR 599 ATLANTIC BEACH BLVD., SUITE 6 ATLANTIC BEACH FL 32233 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulared when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 RICHARDS, RICHARD W. Change Addition 4549 SHAKY LEAR LANG N. TITLE Delete TITLE EISCH; STEVE --NAME NAME 3573-SEAFOAM-LANE> STREET ADDRESS STREET ADDRESS J'ACKSON VILLE, PL 32224 CITY-ST-7IP JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP ☐ Change TITLE TITLE. X Delete RIDDELL, BOB NAME NAME 127 6TH AVENUE SOUTH --STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete\_ TITLE ☐ Change ☐ Addition YOUNG, M. DELORES NAME NAME 12006 ARBOR LAKE DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP Addition NAVICKAS, LENNY DRIVA Delete TITLE TITLE HARRELL, CARL NAME NAME 1043 SEABREEZE AVE STREET ADDRESS STREET ADDRESS JACKSON VILLE, FL 32224 JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition <del>wehle, frank -</del> ROBERTS, DEE NAME NAME 1814 GROVE STREET 121 DEER-COVE DR-STREET ADDRESS STREET ADDRESS PONTE VEDRA FL 32082 CITY-ST-7IP JACKSONVILLE BEACH, FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change CRUMPTON, DICK NAME NAME 14386 AQUA VISTA DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 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 other like empowered.