

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002282

1. Entity Name

THE MURDOCK LIONS CLUB, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90005 018 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 478
MURDOCK FL 33938

P.O. BOX 478
MURDOCK FL 33938

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0593022

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SLEAVER, JOHN
12538 S.W. KINGSWAY CIRCLE
UNIT 1302
LAKE SUZY FL 34266

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
NAME TD
STREET ADDRESS DENATALE, CHARLES
CITY-ST-ZIP 1515 FOREST NELSON BLVD BLD M 207
PORT CHARLOTTE FL 33952 ☐ Delete

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

TITLE
NAME S
STREET ADDRESS HILL, MARIE E.
CITY-ST-ZIP 319 KINDRED BLVD.
PORT CHARLOTTE FL ☐ Delete

TITLE
NAME S
STREET ADDRESS STAN BROKAW
CITY-ST-ZIP 179 CAPATOLA ST NW
PORT CHARLOTTE FL ☒ Change ☐ Addition

TITLE
NAME TD
STREET ADDRESS D'ANIELLO, NILA
CITY-ST-ZIP 1081 WINDSOR TERR.
PORT CHARLOTTE FL ☒ Delete

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

TITLE
NAME D
STREET ADDRESS SLAVER, MARLENE
CITY-ST-ZIP 12538 S.W. KINGSWAY CIRCLE, UNIT 1302
LAKE SUZY FL ☐ Delete

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

TITLE
NAME D
STREET ADDRESS GAMBLE, DOROTHY
CITY-ST-ZIP 3383 NE BROOKLYN AVE.
PT. CHARLOTTE FL 33952 ☐ Delete

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

TITLE
NAME P
STREET ADDRESS SLEAVER, JOHN
CITY-ST-ZIP 12538 S.W. KINGSWAY CIR #1302
LAKE SUZY FL 34266 ☐ Delete

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

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: *John S. Slaver* **JOHN S. SLAVER PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/00

941-743-3951

CR2E037 (9/99)