## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **N95000002322**

1. Entity Name

## THE GREATER PINE ISLAND LIONS FOUNDATION, INC.

Principal Place of Business 16089 AURA LANE BOKEELIA FL 33922

STREET ADDRESS CITY-ST-ZIP

2. Principal Place of Business

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

16089 AURA LANE BOKEELIA FL 33922-1633

## Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0584799 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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) KNEPP, WILLIAM W 16089 AURA LANE **BOKEELIA FL 33922** Zip Code City 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. S!GNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE NAME NAME BARRETT, VIOLA STREET ADDRESS STREET ADDRESS **4847 PORKY LANE** CITY-ST-ZIP CITY-ST-ZIP ST. JAMES CITY FL 33956 Change Addition Delete TITLE Jeannie Jackson TITLE DS ٥5 JEANNIE JACKSON NAME 3114 BINNACLE LN. STREET ADDRESS STREET AODRESS 3553 BAYVIEW AVE 33956 ST. JAMES CITY, FL. CITY-ST-ZIP CITY-ST-ZIP ST JAMES CITY\_FL GEORGE JACKSON 3114 BINNACLE-LN. ☐ Change Addition Delete TITLE D VP NAME GREEN, PAT STREET ADDRESS STREET ADDRESS 15700 BAHAMA WAY 33956 ST. JAMES PITY, CITY-ST-ZIP CITY-ST-ZIP **BOKEELIA FL 33922** ☐ Addition ☐ Delete TITLE WILLIAM W. KNEPP NAME STREET ADDRESS 16089 AURA LANE STREET ADDRESS 33922 CITY-ST-ZIP CITY-ST-ZIP BOKEELIA FL ☐ Addition ☐ Delete TITLE Change TITLE CARROLD WY NAME NAME · 经数数 数 20% STREET ADDRESS STREET ADDRESS SECTION ACCORD CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Celete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

KAPPREWILLIAMEW. KNEPP

4/20/60 941-283-5494

**FILED** 

Secretary of State

05-01-2000 90032 050 \*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

May 01, 2000 8:00 am