

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
 04-21-2002 90864 017 ****61.25

DOCUMENT # N95000002322

1. Entity Name

THE GREATER PINE ISLAND LIONS FOUNDATION, INC.

Principal Place of Business

**16089 AURA LANE
 BOKEELIA FL 33922**

Mailing Address

**16089 AURA LANE
 BOKEELIA FL 33922**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0584799**

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

**KNEPP, WILLIAM W
 16089 AURA LANE
 BOKEELIA FL 33922**

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 **DP** ☐ Delete
 NAME **WOODHEAD, RUBY**
 STREET ADDRESS **2277 SAPODILLA LANE**
 CITY-ST-ZIP **SAINT JAMES CITY FL 33956**

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

TITLE **DS** ☐ Delete
 NAME **JEANNIE JACKSON**
 STREET ADDRESS **3114 BINNACLE LN**
 CITY-ST-ZIP **SAINT JAMES CITY FL 33956**

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

TITLE **DVP** ☒ Delete
 NAME **MARTIN, DONNA**
 STREET ADDRESS **3421 STRINGFELLOW RD**
 CITY-ST-ZIP **SAINT JAMES CITY FL 33956**

TITLE ☐ Change ☐ Addition
 NAME **DVP**
 STREET ADDRESS **GEORGE A. JACKSON**
 CITY-ST-ZIP **3114 BINNACLE LN.**
SAINT JAMES CITY, FL 33956

TITLE **DT** ☐ Delete
 NAME **WILLIAM W. KNEPP**
 STREET ADDRESS **16089 AURA LANE**
 CITY-ST-ZIP **BOKEELIA FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE: **William W. Knepp** **WILLIAM W. KNEPP** **Apr 10, 2002** **239-283-5494**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)