## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 26, 2001 8:00 am DOCUMENT # N9500003544 **Secretary of State** 01-26-2001 90001 010 \*\*\*\*61.25 THE PALM BAY HAPPY LIONS FOUNDATION, INC. Principal Place of Business Mailing Address POST OFFICE BOX 0256 POST OFFICE BOX 0256 PALM BAY FL 32906-0256 PALM BAY FL 32906-0256 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 59-3327911 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 Name Street Address (P.O. Box Number is Not Acceptable) WHITE, ROBERT D 3901 DIXIE HIGHWAY STE 206 PALM BAY FL 32905 Zip Code City 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. 16-01 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE TITLE ☐ Change ☐ Addition NAME LAVEIST, DAISY NAME STREET ADDRESS STREET ADDRESS 491 CANDLESTICK AVE NE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete Addition TITI F TITLE Change **BUSLINGER, JOHN** NAME NAME STREET ADDRESS STREET ADDRESS 349 RILEY AVE N.E CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 Delete TITLE TITLE ☐ Change ☐ Addition NAME WEST, BUELAH J NAME STREET ADDRESS STREET ADDRESS 2122 ADVANA CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME GRIFFITH. OLLISTER NAME STREET ADDRESS STREET ADDRESS 1927 JUPITER BLVD SW CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32908 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME CHUNG-A-FUNG, JAMES NAME STREET ADDRESS STREET ADDRESS 384 HUMBERT ST NE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32908 TITLE ☐ Delete TITLE ☐ Change Addition NAME MCKEEL, FRED NAME STREET ADDRESS 184 GALVESTON ST S.W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32908 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.

**FILED**