

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90133 041 ****61.25

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1. Entity Name

THE PALM BAY HAPPY LIONS FOUNDATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 0256
 PALM BAY FL 32906-0256

POST OFFICE BOX 0256
 PALM BAY FL 32906-0256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3327911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WHITE, ROBERT D
3901 DIXIE HIGHWAY STE 206
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name

SEYFERT, GEORGE

Street Address (P.O. Box Number is Not Acceptable)

1425 SEYFERT COURT NE

City

PALM BAY

FL

Zip Code

32905

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State
\$ 61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVEIST, DAISY 491 CANDLESTICK AVE NE PALM BAY FL 32907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSLINGER, JOHN 349 RILEY AVE N.E PALM BAY FL 32907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, BUELAH J 2122 ADVANA PALM BAY FL	<input checked="" type="checkbox"/> Delete OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFITH, OLLISTER 1927 JUPITER BLVD SW PALM BAY FL 32908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHUNG-A-FUNG, JAMES 384 HUMBERT ST NE PALM BAY FL 32908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS MCKEEL, FRED 184 GALVESTON ST S.W PALM BAY FL 32908	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JOHN BUSLINGER 349 RILEY AVE NE PALM BAY, FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director St. Clair Thorne 401 JUPITER BLVD NW PALM BAY, FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MELTON BROOM 760 MONTECLAIR ROAD NE PALM BAY, FL 32905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER GEORGE A. SEYFERT 1425 SEYFERT COURT NE PALM BAY, FL 32905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VP COMPTON BOWAL 1631 TOLLEY TERRACE SE PALM BAY, FL 32909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: **GEORGE A. SEYFERT**

(321) 723-0980

CR2E037 (4/02)