

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90078 042 ****61.25

DOCUMENT # N95000003544

1. Entity Name

THE PALM BAY HAPPY LIONS FOUNDATION, INC.



Principal Place of Business

**POST OFFICE BOX 0256
PALM BAY FL 32906-0256**

Mailing Address

**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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEYFERT, GEORGE
1425 SCEPTER COURT NE
PALM BAY FL 32905**

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

SIGNATURE *George A. Seyfert*

GEORGE A. SEYFERT

1/8/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BUSLINGER, JOHN**
STREET ADDRESS **349 RILEY AVE NE**
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **D** ☐ Delete
NAME **THORNE, ST. CLAIR**
STREET ADDRESS **401 JUPITER BLVD NW**
CITY-ST-ZIP **PALM BAY FL 32907**

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

TITLE **D** ☐ Delete
NAME **WEST, BUELAH J**
STREET ADDRESS **2122 ADVANA**
CITY-ST-ZIP **PALM BAY FL**

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

TITLE **P** ☐ Delete
NAME **BROOM, MELTON**
STREET ADDRESS **760 MONTECLAIR RD NE**
CITY-ST-ZIP **PALM BAY FL 32905**

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

TITLE **ST** ☐ Delete
NAME **SEYFERT, GEORGE R**
STREET ADDRESS **1425 SCEPTER CT NE**
CITY-ST-ZIP **PALM BAY FL 32905**

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

TITLE **1VP** ☒ Delete
NAME **BOWAL, COMPTON**
STREET ADDRESS **1431 TULLEY TERR SE**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **2nd VP** ☐ Change ☒ Addition
NAME **GRIFFITH, CAROL M.**
STREET ADDRESS **1927 JUPITER BOULEVARD SW**
CITY-ST-ZIP **PALM BAY, FL 32908**

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

GEORGE A. SEYFERT

1/8/03

(321) 723-0930

CR2E037 (10/02)