

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005678

1. Entity Name

THE ARCADIA LIONS CLUB, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90101 042 ****61.25

Principal Place of Business

Mailing Address

PO BOX 1884
ARCADIA FL 34265
US

PO BOX 1884
ARCADIA FL 34265-1884
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0626376

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

BELL, RALPH
1928 SE PLUM DR
ARCADIA FL 34266

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 DT
NAME BELL, RALPH
STREET ADDRESS 1928 SE PLUM DR
CITY-ST-ZIP ARCADIA FL 34266 ☒ Delete

TITLE DT
NAME Keen, Newt
STREET ADDRESS 4096 NW Florida Avenue
CITY-ST-ZIP Arcadia, FL 34266 ☒ Change ☐ Addition

TITLE VDS
NAME BECHTOLD, FRED
STREET ADDRESS 17 W. WALNUT ST.
CITY-ST-ZIP ARCADIA FL 34266 ☒ Delete

TITLE DF
NAME SMITH, DENISE
STREET ADDRESS 20249 PEACHLAND BOULEVARD
CITY-ST-ZIP PORT CHARLOTTE, FL 33954 ☒ Change ☒ Addition

TITLE PD
NAME KEEN, NEWT
STREET ADDRESS 4096 NW FLORIDA AVE
CITY-ST-ZIP ARCADIA FL ☒ Delete

TITLE RD
NAME ROBERT O'NEAL
STREET ADDRESS 404 E. OAK STREET
CITY-ST-ZIP ARCADIA, FL 34266 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE REQUIRED

4/13/00

863-993-4866

Date

Daytime Phone #

CR2E037 (9/99)