

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005678

1. Entity Name

THE ARCADIA LIONS CLUB, INC.



Principal Place of Business

PO BOX 1884
ARCADIA FL 34265
US

Mailing Address

PO BOX 1884
ARCADIA FL 34265
US

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 65-0626376

Applied For
Not Applicable

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 Keen, Newt

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

4096 NW Florida Avenue

City Arcadia

FL

34266

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 Newt Keen Newt Keen Treasurer

9-11-01
DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE President ☐ Change ☒ Addition
NAME Norris, Jeff
STREET ADDRESS 408 N. Orange Avenue
CITY-ST-ZIP Arcadia, FL 34266

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

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

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

TITLE Director ☒ Change ☐ Addition
NAME Fusco, Virginia
STREET ADDRESS 2992 NW County Road 661
CITY-ST-ZIP Arcadia, FL 34266

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SIGNATURE KEEN Newt Keen

9-11-01

(863) 993-4866

CR2E037 (5/01)

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