

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am  
Secretary of State

04-06-2001 90033 022 \*\*\*\*61.25

DOCUMENT # N95000005778

1. Entity Name

~~THE LAKE WALES~~ TIGER LAKE LIONS CLUB, INC.  
NAME CHANGED

Principal Place of Business

18000 SR 60 E  
INDIAN LAKES ESTATE FL 33855

Mailing Address

PO BOX 7804  
INDIAN LAKE ESTATES FL 33855-7451

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

59-3349075

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

LEWIS, SHARON B  
3 POINSETTIA DR  
INDIAN LAKE ESTATES FL 33855

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 NAME STREET ADDRESS CITY-ST-ZIP	AT LEWIS, SHARON PO BOX 7804 INDIAN LAKE EST FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINK, M A PO BOX 7804 INDIAN LAKE EST FL 33855	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUSTIN, ELAINE S 301 VALENCIA DR. INDIAN LAKES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELTIER, PAT 2022 ROSALIE LAKE RD LAKE WALES FL 33853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP HEMPEL, BARBARA 2004 LAKE ROSALIE RD LAKE WALES FL 33853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABRAHAM, TALLIE 150 BRAD CIRCLE WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEWIS, SHARON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMPEL, HERMAN 2004 ROSALIE LAKE ROAD LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CHESTER PELTIER 2022 ROSALIE LAKE ROAD LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PELTIER, PAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEMPEL, BARBARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VP PELTIER, FAM 2022 LAKE ROSALIE ROAD LAKE WALES, FL 33853	<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:

SECRETARY  
SHARON B. LEWIS

Date

Daytime Phone #

4/3/01

863/676-7631

CR2E037 (10/00)