2001 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2001 8:00 am DOCUMENT # N96000003267 **Secretary of State** LIONS FOUNDATION OF ST. PETE BEACH, INC. 01-29-2001 90087 044 ****61.25 Principal Place of Business Mailing Address POST OFFICE BOX 66193 POST OFFICE BOX 66193 ST. PETE BEACH FL 33736 ST. PETE BEACH FL 33736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3409421 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEBORAH DAVIS Street Address (P.O. Box Number is Not Acceptable) ENTWISTLE, CHARLES W 10117 YACHT CLUB DRIVE 1101 SO. PASADENA AVENUE TREASURE ISLAND FL 33706 City SOUTH PASADENA 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. DEBORAH DAVIS, TREASURER, JANUARY 18, 2001 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. n TITLE ☐ Addition TITLE ☐ Delete Change HELD, FRED NAME NAME STREET ADDRESS STREET ADDRESS 7700 SUN ISLAND DRIVE STE 601 CITY-ST-ZIP CITY-ST-7IP SO PASADENA FL 33707 Addition D Delete Change TITLE TITLE KELBAUGH, TIM NEWARK, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 348 COREY AVENUE STE. B 4545 PLAZA WAY ST. PETE-BEACH, FLORIDA 33706-2513 CITY-ST-ZIP-CITY-ST-ZIP ST. PETE BEACH FL 33706 TITLE Delete TITLE Change ☐ Addition WOLK, BERNARD NAME NAME STREET ADDRESS STREET ADDRESS 4950 GULF BLVD. STE 204 CITY-ST-ZIP CITY-ST-ZIP ST. PETE BEACH FL 33706 TITLE ☐ Delete TITLE √ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Changed, or on an attachment with an address, with all other like empowered.

PATRICIA NEWARK JANUARY 18, 2001 727-360-7339

SIGNATURE: 012 COMPT DESCRIPTION OF THE PROPERTY OF THE PROPERTY

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

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #