2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 07, 2001 8:00 am
Secretary of State
02-16-2001 90019 012 ****61.25

DOCUMENT # N96000005302

1. Entity Name

THE KEY WEST HI-NOON LIONS FOUNDATION, INC.

Principal Place of Business	Mailing Address
MARSHAN ROTH 3319 PEARL AVE. KEY WEST FL 33040	HI NOON LIONS P.O. BOX 2183 KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PRESIDENT JOHN ANDOLA	HI-NOON LIONS
Suite, Apt. #, etc.: 1622 DENNIS STREET	Suite, Apt. #, etc.: P.O. BOX 2183
City & State: KEY WEST, FL	City & State: KEY WEST, FL
Zip: 33040 Country: USA	Zip: 33040 Country: USA

4. FEI Number: 65-0702202 ☒ 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
ROTH, MARSHAN 3319 PEARL AVE. KEY WEST FL 33040	Name: JOHN ANDOLA Street Address (P.O. Box Number is Not Acceptable): 1622 DENNIS STREET City: KEY WEST FL Zip Code: 33040

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: John Andola, President 2-12-01
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	DP ROTH, MARSHAN 3319 PEARL AVE. KEY WEST FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PRESIDENT ANDOLA, JOHN 1622 DENNIS STREET KEY WEST, FL, 33040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWLEY, DENNIS 1301 10TH STREET KEY WEST FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASURER JAMES RUTHERFORD P.O. BOX 420175 SUMMERLAND KEY, FL, 33042	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAVENDER, THOMAS #E411 3930 S. ROOSEVELT BLVD KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICE PRESIDENT LAVENDER, THOMAS 3655 SEASIDE DRIVE #330 KEY WEST, FLORIDA, 33040	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RUSSELL, TERRESA 3231 HARRIET ST. KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SECRETARY RUSSELL, TERRESA 2014 SIDNEY AVE. KEY WEST, FL, 33040	☒ 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

CR2E037 (10/00)

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 John A. Andola 2-12-01 305-293-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #