

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

i. Entity Name

N97000002543 ✓

The Lions Foundation of Auburndale, Inc.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90041 015 ****61.25

Principal Place of Business Mailing Address
226 Bennett St. P. O. Box 1271
Auburndale, FL 33823 Auburndale, FL 33823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. EEI Number

59-3448439

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

Ernest Gutteridge
4064 Lake Mariann Drive
Winter Haven, FL 33881

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

Ernest Gutteridge

4-17-00

Ernest Gutteridge for The Lions Foundation of Auburndale, Inc. 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	P Gail A. Parker 3013 Helms Drive Auburndale, FL 33823	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald Jodar 71 Pine Lane Lake Alfred, FL 33850	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mel Richardson 1711 Inverness Drive Lakeland, FL 33813	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charlie Samen 150 Old Nicholas Circle Auburndale, FL 33823	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Debra Taylor 519 Tanglewood Drive Auburndale, FL 33823	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ernest Gutteridge 4064 Lake Marianna Drive Winter Haven, FL 33881	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing is true and complete, and that the information indicated on this report or supplemental report is true and complete, 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 or assignee of the corporation, as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report.

SIGNATURE:

Ernest Gutteridge
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4-17-00

863-956-2446

Date

Daytime Phone #

CD25037 10/00