

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90513 018 ****61.25

0066134

DOCUMENT # N97000002543

1. Entity Name

THE LIONS FOUNDATION OF AUBURNDALE, INC.

Principal Place of Business

**226 BENNETT ST.
 AUBURNDALE FL 33823**

Mailing Address

**P.O. BOX 1271
 AUBURNDALE FL 33823**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3448439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GUTTERIDGE, ERNEST
 4064 LAKE MARIANNA DR.
 WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

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

TITLE **D** ☒ Delete
 NAME **TAYLOR, DEBRA**
 STREET ADDRESS **519 TANGLEWOOD DRIVE**
 CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **D** ☐ Delete
 NAME **JODAR, DON**
 STREET ADDRESS **71 PINE LANE**
 CITY-ST-ZIP **LAKE ALFRED FL 33850**

TITLE **D** ☐ Delete
 NAME **GUTTERIDGE, ERNEST**
 STREET ADDRESS **4064 LAKE MARIANNA DR**
 CITY-ST-ZIP **WINTER HAVEN FL 33813**

TITLE **D/VP** ☐ Delete
 NAME **SAMEN, CHARLES C**
 STREET ADDRESS **150 OLD NICOLS CIRCLE**
 CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/P** ☒ Change ☐ Addition
 NAME **Janice Bullock**
 STREET ADDRESS **123 4th Street JPV**
 CITY-ST-ZIP **Winter Haven 33881**

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

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

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

TITLE **D/T** ☐ Change ☒ Addition
 NAME **Ann Cahill**
 STREET ADDRESS **121 Holiday Lane**
 CITY-ST-ZIP **Auburndale, FL 33823**

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 another like empowered.

SIGNATURE: Ernest Gutteridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2001

(863) 956-2446

Date

Daytime Phone #

CR2E037 (10/00)