

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90186 039 \*\*\*\*61.25

**DOCUMENT # N97000002543**

1. Entity Name

**THE LIONS FOUNDATION OF AUBURDALE, INC.**

Principal Place of Business

226 BENNETT ST.  
 AUBURDALE FL 33823

Mailing Address

P.O. BOX 1271  
 AUBURDALE FL 33823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI 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

**GUTTERIDGE, ERNEST**  
**4064 LAKE MARIANNA DR.**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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	D	<input checked="" type="checkbox"/> Delete
NAME	JODAR, DON	
STREET ADDRESS	71 PINE LANE	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUTTERIDGE, ERNEST	
STREET ADDRESS	4064 LAKE MARIANNA DR	
CITY-ST-ZIP	WINTER HAVEN FL 33813	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SAMEN, CHARLES C	
STREET ADDRESS	150 OLD NICOLS CIRCLE	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BULLOCK, JANICE	
STREET ADDRESS	123 4TH STREET JPV	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CAHILL, ANN	
STREET ADDRESS	121 HOLIDAY LANE	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beane-Holland, Ruen	
STREET ADDRESS	2401 Stanton St.	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

*Ruen Beane-Holland* / *Ruen Beane-Holland - Treas*

CR2E037 (4/02)