

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002624

1. Entity Name

LABELLE LIONS FOUNDATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90154 049 ****61.25

Principal Place of Business

Mailing Address

33935 JAYCE LIONS DR.
LABELLE FL 33975
US

P O BOX 1338
LABELLE FL 33975-1338

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0751082

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

ANDREWS, NORMA J
CHAPERAL SLOUGH SR 29 N
LABELLE FL 33975

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
LEICHT, MARY E
POB 66
LABELLE FL 33975 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LEICHT, JACOB
POB 66
LABELLE FL 33975 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ENGLEBRIGHT, RAY
PORTERFIELD RD
LABELLE FL 33935 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
EGGERS, BOB
43 DESERT CANDLE CIRCLE
LEHIGH ACRES FL 33936 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARCELLA STILBRED
P.O. BOX 1593 N/A
LABELLE, FL 33975 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LINDERMAN, F
POB 2715
LABELLE FL 33975 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELAWE ADKINS
12280 ANCHOR LANE SW
MOORE HAVEN, FL 33471 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANDREWS, NJ
POB 245
LABELLE FL 33975 ☐ Delete

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

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: *NORMA J ANDREWS* 4/25/00 (863) 674-4164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)