

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90112 043 ****61.25

DOCUMENT # N97000002624

1. Entity Name

LABELLE LIONS FOUNDATION, INC.

Principal Place of Business

33935 JAYCE LIONS DR
 LABELLE FL 33975
 US

Mailing Address

P O BOX 1338
 LABELLE FL 33975

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 29TH

LABELLE FL 33975

**3460 N. KEY DRIVE UNIT 114E
 NORTH FT MYERS, FL
 33903**

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	DTS	<input type="checkbox"/> Delete
NAME	LEICHT, MARY E	
STREET ADDRESS	POB 66	
CITY-ST-ZIP	LABELLE FL 33975	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEICHT, JACOB	
STREET ADDRESS	POB 66	
CITY-ST-ZIP	LABELLE FL 33975	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLEBRIGHT, RAY	
STREET ADDRESS	PORTERFIELD RD	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input type="checkbox"/> Delete
NAME	STREED, MARCELLA	
STREET ADDRESS	PO BOX 1593	
CITY-ST-ZIP	LABELLE FL 33975	
TITLE	POB 1201	<input type="checkbox"/> Delete
NAME	ADKINS, ELAINE	
STREET ADDRESS	12280 ANCHOR LANE, SW	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, NJ	
STREET ADDRESS	POB 245	
CITY-ST-ZIP	LABELLE FL 33975	

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3460 N. KEY DR. UNIT 114E	
STREET ADDRESS	N. FT. MYERS, FL 33903	
CITY-ST-ZIP	3460 N. KEY DR. UNIT 114E	
NAME	N. FT MYERS, FL 33903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	POB 1201	
CITY-ST-ZIP	LABELLE, FL 33975	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3460 N KEY DR UNIT 114E	
STREET ADDRESS	N. FT. MYERS, FL 33903	
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: **Mary E Leicht (MARY E LEICHT)**

4/26/01 941 656 5603

CR2E037 (10/00)