

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002624

1. Entity Name

LABELLE LIONS FOUNDATION, INC.

Principal Place of Business
140 JAYCEE LIONS DRIVE
33935 JAYCEE LIONS DR
LABELLE FL 33975-33935
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
3460 N. KEY DRIVE
UNIT 114 E
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 ☒ Delete
NAME LEICHT, MARY E
STREET ADDRESS 3460 N. KEY DR., UNIT 114E
CITY-ST-ZIP N. FT. MYERS FL 33903

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

TITLE ☒ Delete
NAME LEICHT, JACOB
STREET ADDRESS 3460 N. KEY DR., UNIT 114E
CITY-ST-ZIP N. FT. MYERS FL 33903

TITLE ☒ Change ☐ Addition
NAME LEAH LIZETTE
STREET ADDRESS P.O. BOX 1878
CITY-ST-ZIP LABELLE, FL 33975

TITLE ☐ Delete
NAME ENGLEBRIGHT, RAY
STREET ADDRESS POB 1201
CITY-ST-ZIP LABELLE FL 33975

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

TITLE ☒ Delete
NAME STREED, MARCELLA
STREET ADDRESS PO BOX 1593
CITY-ST-ZIP LABELLE FL 33975

TITLE ☒ Change ☐ Addition
NAME MARY NEELY
STREET ADDRESS 12255 ANCHOR LANE
CITY-ST-ZIP MOORE HAVEN, FL 33471

TITLE ☒ Delete
NAME ADKINS, ELAINE
STREET ADDRESS 12280 ANCHOR LANE, SW
CITY-ST-ZIP MOORE HAVEN FL 33471

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

TITLE ☐ Delete
NAME ANDREWS, NJ
STREET ADDRESS 3460 N. KEY DR. UNIT 114E
CITY-ST-ZIP N. FT. MYERS FL 33903

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)