

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 13, 2000 8:00 am
Secretary of State

06-05-2000 90036 017 ****61.25

DOCUMENT # N97000004002

1. Entity Name

JUPITER/TEQUESTA LIONS CLUB, INC.

Principal Place of Business

P.O. BOX 3204
 TEQUESTA FL 33469
 US

Mailing Address

P.O. BOX 3204
 TEQUESTA FL 33469-1003

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

59-2331446

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

COFFIN, DAVID M
 300 ERIE DR.
 JUPITER FL 33458

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 reinstalling)

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	D	<input type="checkbox"/> Delete
NAME	COFFIN, DAVID M	
STREET ADDRESS	P.O. BOX 3204	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	PALMIERI, MICHAEL	
STREET ADDRESS	4369 COLETTE DR.	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANTHONY, PAUL	
STREET ADDRESS	1127 SEMINOLE EAST DR., APT. 25-C	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	DECKER, LAWRENCE O.	
STREET ADDRESS	860 SW TAMARROW PL	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	UNDERWOOD GARY	
STREET ADDRESS	265 COCOPLUM DR. N.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 26, 2000 (561) 280-4166
 Date Daytime Phone #

CR2E037 (9/99)