

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90104 008 ****61.25

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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

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

COFFIN, DAVID M
300 ERIE DR.
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name **Timothy O'Neill, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
1555 Palm Beach Lakes Blvd.
Suite 920
City **West Palm Beach** **FL** Zip Code **33407**

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

Tim P. O'Neill, Esq.

9/2/03

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COFFIN, DAVID M	
STREET ADDRESS	P.O. BOX 3204	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DECKER, LAWRENCE O	
STREET ADDRESS	860 SW TAMARROW PLACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	UNDERWOOD, GARY	
STREET ADDRESS	265 COCOPLUM DRIVE NORTH	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(P/S) Timothy R O'Neill	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19824 Hibiscus Drive	
STREET ADDRESS	Tequesta, FL 33469	
CITY-ST-ZIP		
TITLE	Anna Grant	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 Bluefish Cove	
STREET ADDRESS	Jupiter FL 33477	
CITY-ST-ZIP		
TITLE	Rick Kreiger	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	107 Sea Horse Lane	
STREET ADDRESS	Jupiter FL 33477	
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
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:

Timothy R O'Neill

9/02/03 561-745-2191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)