

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006053**

1. Entity Name

THE MAITLAND LIONS FOUNDATION, INC.**FILED****Mar 31, 2000 8:00 am**
Secretary of State

03-31-2000 90087 027 ****61.25

Principal Place of Business

Mailing Address

237 LOOKOUT PLACE, SUITE 100
MAITLAND FL 32751**237 LOOKOUT PLACE, SUITE 100**
MAITLAND FL 32751-8409

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

59-3478058

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****ICARDI, ALDO**
237 LOOKOUT PLACE, SUITE 100
MAITLAND FL 32751

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 \$61.259. 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 **VD**
STREET ADDRESS **ELLIS, LES**
CITY-ST-ZIP **250 NOTTOWAY TR**
MAITLAND FL 32751TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **JACKSON, ARLIS**
CITY-ST-ZIP **1140 S ORLANDO AVE 11**
MAITLAND FL 32751TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **KOZUMPLIK, FRANK**
CITY-ST-ZIP **1140 WILLOWBROOK TR**
MAITLAND FL 32751TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **BARNES, CHARLES**
CITY-ST-ZIP **1116 SHAFFER TR**
OVIEDO FL 32765TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **WHITAKER, JIM**
CITY-ST-ZIP **1109 TURNER RD**
WINTER PARK FL 32789TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TD**
STREET ADDRESS **MAGGIACOMO, HENRY**
CITY-ST-ZIP **237 LOOKOUT PLACE, SUITE 100**
MAITLAND FL 32751TITLE ☐ 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: Henry Maggiamo, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #