

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006053**

1. Entity Name

THE MAITLAND LIONS FOUNDATION, INC.**FILED****Feb 27, 2001 8:00 am**
Secretary of State

02-27-2001 90326 043 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1656

Suite, Apt. #, etc.

**City & State
Maitland, FL 32794-1656**

Zip

Country

4. FEI Number

59-3478058

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****ICARDI, ALDO
237 LOOKOUT PLACE, SUITE 100
MAITLAND FL 32751****7. Name and Address of New Registered Agent**

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**TITLE **VD** ☐ Delete
NAME **ELLIS, LES**
STREET ADDRESS **250 NOTTOWAY TR**
CITY-ST-ZIP **MAITLAND FL 32751**TITLE **VD** ☒ Delete
NAME **JACKSON, ARLIS**
STREET ADDRESS **1140 S ORLANDO AVE H**
CITY-ST-ZIP **MAITLAND FL 32751**TITLE **D** ☐ Delete
NAME **KOZUMPLIK, FRANK**
STREET ADDRESS **1140 WILLOWBROOK TR**
CITY-ST-ZIP **MAITLAND FL 32751**TITLE **D** ☐ Delete
NAME **BARNES, CHARLES**
STREET ADDRESS **1116 SHAFFER TR**
CITY-ST-ZIP **OVIEDO FL 32765**TITLE **D** ☐ Delete
NAME **WHITAKER, JIM**
STREET ADDRESS **1109 TURNER RD**
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE **TD** ☐ Delete
NAME **MAGGIACOMO, HENRY**
STREET ADDRESS **237 LOOKOUT PLACE, SUITE 100**
CITY-ST-ZIP **MAITLAND FL 32751****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1553 MAYFLOWER COURT**
CITY-ST-ZIP **WINTER PARK, FL 32792**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Leslie Ellis 1/13/01 (407) 647-8306

Date

Daytime Phone #

CR2E037 (10/00)