

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90142 045 ****61.25

DOCUMENT # N97000006053

1. Entity Name

THE MAITLAND LIONS FOUNDATION, INC.

Principal Place of Business

237 LOOKOUT PLACE, SUITE 100
 MAITLAND FL 32751

Mailing Address

PO BOX 1656
 MAITLAND FL 32794

2. Principal Place of Business

549 Wymore Road, North

3. Mailing Address

Suite, Apt. #, etc.
 Suite 109

City & State
 Maitland, FL

Zip
 32751

Country
 USA

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 **ICARDI, JEFFREY A.**
 Street Address (P.O. Box Number is Not Acceptable)
 549 Wymore Road, North, Suite 109
 City **Maitland** **FL** Zip Code **32751**

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	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, LES	
STREET ADDRESS	250 NOTTOWAY TR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOZUMPLIK, FRANK	
STREET ADDRESS	1140 WILLOWBROOK TR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, CHARLES	
STREET ADDRESS	1553 MAYFLOWER CT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, JIM	
STREET ADDRESS	1109 TURNER RD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAGGIACOMO, HENRY	
STREET ADDRESS	237 LOOKOUT PLACE, SUITE 100	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAFFER, PHYLLIS	
STREET ADDRESS	2932 Nicholas Lane	
CITY-ST-ZIP	Apopka, FL 32703	
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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1780 Tonto Trail	
CITY-ST-ZIP	Maitland, FL 32751	
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:

Henry Maggiacomo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

405 - 629-0351
 1/22/02

CR2E037(9/01)