

# 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

City & State

4. FEI Number

59-3478058

Applied For

Not Applicable

Zip  
32751

Country  
USA

Zip

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

Date

Daytime Phone #

CR2E037(9/01)