

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90163 017 ****61.25

DOCUMENT # N97000006053

1. Entity Name

THE MAITLAND LIONS FOUNDATION, INC.



Principal Place of Business

**549 WYMORE RD NORTH
STE 109
MAITLAND FL 32751**

Mailing Address

**549 WYMORE RD NORTH
STE 109
MAITLAND FL 32751**

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

**JEFFERY, ICARDI
549 WYMORE NORTH STE 109
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SHAFFER, PHYLLIS | |
| STREET ADDRESS | 2932 NICHOLAS LANE | |
| CITY-ST-ZIP | APOPKA FL 32703 | |
| 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 | 287 LOOKOUT PLACE, SUITE 100 | |
| CITY-ST-ZIP | MAITLAND FL 32751 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| 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 | | |
| 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 **HENRY MAGGIACOMO** 12/10/03 407-629-0351

CR2E037 (10/02)