

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/5/0

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90832 039 \*\*\*\*61.50

**DOCUMENT # 705516**

1. Entity Name

**PLANTATION ELKS CLUB, INC.**

Principal Place of Business

Mailing Address

7351 N.W. 5TH STREET  
 PLANTATION FL 33317

7351 N.W. 5TH STREET  
 PLANTATION FL 33317

---47269



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0999956**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROBERT COLINI**  
**262 SW 53RD AVE**  
**PLANTATION FL 33317**

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

Robert Colini

4/25/01

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 Contributor

**\$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	S	<input type="checkbox"/> Delete
NAME	BAKER, BILL	
STREET ADDRESS	1200 NW 118 AVE	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SLOAN, RONALD	
STREET ADDRESS	9360 CHELSEA DRIVE, SOUTH	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT COLINI	
STREET ADDRESS	262 SW 53RD AVE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, JACK	
STREET ADDRESS	PO BOX 171801	
CITY-ST-ZIP	HIALEAH FL 33017	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILVERMAN, ELLIOTT	
STREET ADDRESS	5138 A LAKE FROST BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORGAN, DOUG	
STREET ADDRESS	8361 NW 46 ST	
CITY-ST-ZIP	LAUDERHILL FL 33351	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	D	
TITLE	James Napholz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7961 NW 53 St.	
STREET ADDRESS	Lauderhill FL 33351	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warren Normyle	
STREET ADDRESS	475 NW 68 Ave	
CITY-ST-ZIP	Plantation FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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: **Bill Baker, Sec.**

4/25/01

954-587-6849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #