

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90114 039 ****61.25

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**

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



DO NOT WRITE IN THIS SPACE

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*
Robert Colini

3/31/02
 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 type="checkbox"/> Delete
NAME	NAPHOLZ, JAMES	
STREET ADDRESS	7961 NW 53 STREET	
CITY-ST-ZIP	LAUDERHILL FL 33351	
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	NORMYLE, WARREN	
STREET ADDRESS	475 NW 68 AVENUE	
CITY-ST-ZIP	PLANTATION FL 33317	
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		
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	Lisa Klaffka	
STREET ADDRESS	4381 NW 116 Ave.	
CITY-ST-ZIP	Sunrise FL 33323	
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: *Bill Baker* **REQUIRE** **Bill Baker, Sec.**

3/31/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)