

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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90129 021 \*\*\*\*61.25

**DOCUMENT # 705516**

1. Entity Name  
**PLANTATION ELKS CLUB, INC.**



Principal Place of Business  
**7351 N.W. 5TH STREET  
PLANTATION FL 33317**

Mailing Address  
**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**

CHECK HERE IF MAKING CHANGES



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 **Jack Knight**  
Street Address (P.O. Box Number is Not Acceptable)  
**11510 NW 31 Street**  
**Sunrise FL 33323**  
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 Jack Knight

4/1/03

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	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>BAKER, BILL</b>
STREET ADDRESS	<b>1200 NW 118 AVE</b>
CITY-ST-ZIP	<b>PLANTATION FL 33323</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NAPHOLZ, JAMES</b>
STREET ADDRESS	<b>7961 NW 53 STREET</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33351</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ROBERT COLINI</b>
STREET ADDRESS	<b>262 SW 53RD AVE</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KNIGHT, JACK</b>
STREET ADDRESS	<b>PO BOX 171801</b>
CITY-ST-ZIP	<b>HIALEAH FL 33017</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KLAFFKA, LISA</b>
STREET ADDRESS	<b>4381 NW 116 AVENUE</b>
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ORGAN, DOUG</b>
STREET ADDRESS	<b>8361 NW 46 ST</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33351</b>

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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Burke</b>
STREET ADDRESS	<b>711 Holly Lane</b>
CITY-ST-ZIP	<b>Plantation FL 33317</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>11510 NW 31 Street</b>
CITY-ST-ZIP	<b>Sunrise FL 33323</b>
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: **SIGNATURE REQUIRED**

*Bill Baker, Sec.* 4/8/03 954-587-6840

CR2E037 (10/02)