

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 726955**

1. Entity Name

**FLORIDA STATE ELKS ASSOCIATION, INC.**

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90117 044 \*\*\*\*61.25

Principal Place of Business FLORIDA STATE ELKS ASSOC INC P O BOX 49 635 UMATILLA BLVD UMATILLA FL 32784	Mailing Address FLORIDA STATE ELKS ASSOC INC P O BOX 49 635 UMATILLA BLVD UMATILLA FL 32784-8418
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-0647830</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FRANK D WILLIS JR 635 UMATILLA BLVD UMATILLA FL 32784			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 \_\_\_\_\_ (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. DELETED OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<del>S</del> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, FRANK D. JR.	NAME	
STREET ADDRESS	635 UMATILLA BLVD	STREET ADDRESS	
CITY-ST-ZIP	UMATILLA, FL 00000	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEEDHAM, WINSTON M	NAME	WELBAUM, R. WILLIAM JR
STREET ADDRESS	2139 S.E. 7TH TERRACE	STREET ADDRESS	1160 S MCCALL ROAD
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	<del>D</del> <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAUGHN, GARE	NAME	LUIKART, DAVID L. SR.
STREET ADDRESS	12346 ALT. A1A, APT. K-6	STREET ADDRESS	6324 EDENMORE AVE.
CITY-ST-ZIP	PALM BCH GARDENS FL	CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	ELMORE, THOMAS E	NAME	
STREET ADDRESS	1125 S E 21ST ST	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEBALD, MERLE	NAME	RYAN, THOMAS J. JR.
STREET ADDRESS	6527 BIMINI COURT	STREET ADDRESS	1625 S.E. 10th AVE.
CITY-ST-ZIP	APOLLO BEACH FL	CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	DOMINIANNI, GEORGE	NAME	
STREET ADDRESS	142 FOSTER LANE	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	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 life empowered.

SIGNATURE: SIGNATURE OF FRANK D WILLIS JR 1-25-2000 (352) 669-2241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)