

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

0024721

04-11-2001 90026 042 ****61.25

DOCUMENT # 726955

1. Entity Name

FLORIDA STATE ELKS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FLORIDA STATE ELKS ASSOC INC P O BOX 49
 635 UMATILLA BLVD
 UMATILLA FL 32784

FLORIDA STATE ELKS ASSOC INC P O BOX 49
 635 UMATILLA BLVD
 UMATILLA FL 32784

2. Principal Place of Business

24175 S.E. Hwy. 450

3. Mailing Address

P. O. Box 49

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Umatilla, FL

City & State
Umatilla, FL

4. FEI Number
59-0647830

Applied For
 Not Applicable

Zip
32784

Country
USA

Zip
32784

Country
USA

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

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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	S WILLIS, FRANK D. JR. 635 UMATILLA BLVD UMATILLA, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPB WELBAUM, WILLIAM R JR 1400 S MCGALL RD ENGLEWOOD FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUIKART, DAVID L SR 6324 EDENMORE AVE NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELMORE, THOMAS E 1125 S E 21ST ST OKEECHOBEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPB SEBALD, MERLE 6527 BIMINI COURT APOLLO BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINIANNI, GEORGE 142 FOSTER LANE PALM COAST FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
24175 S.E. Hwy. 450 32784	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD 686 N. Indiana Ave, Suite A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34974-2406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VPD Smith, Michael J. P.O. Drawer EE Plant City, FL 33564	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32137	

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: **Frank D. Willis Jr.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01 (352) 669-2241
 Date Daytime Phone #

CR2E037 (10/00)