

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90107 011 \*\*\*\*61.25

**DOCUMENT # N21320**  
 1. Entity Name  
**FLORIDA ELKS CHILDRENS THERAPY SERVICES, INC.**

Principal Place of Business C/O FRANK D. WILLIS, JR. 633 UMATILLA BOULEVARD UMATILLA FL 32784	Mailing Address C/O FRANK D. WILLIS, JR. 633 UMATILLA BOULEVARD UMATILLA FL 32784-8418
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-0637860** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WILLIS, FRANK D., JR.**  
**633 UMATILLA BOULEVARD**  
**UMATILLA FL 32784**

7. Name and Address of New Registered Agent

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DENTON, RALPH T</b> <input checked="" type="checkbox"/> Delete <b>369 BEACON ST</b> <b>TEQUESTA FL 33469</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>BURNS, BRIAN T</b> <b>3002 NW COUNTY RD 601</b> <b>ARCADIA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WILLIS, FRANK D JR</b> <b>635 UMATILLA BLVD.</b> <b>UMATILLA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> Delete <b>SULLIVAN, THOMAS D</b> <b>127 ISLAND VIEW</b> <b>INDIAN HARBOR BCH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MILLS, JEROLD A</b> <b>4471 N.E. 25TH AVE</b> <b>LIGHTHOUSE POINT FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input type="checkbox"/> Delete <b>VON ATZINGEN, FRANK</b> <b>13600 CLAREDON ROAD</b> <b>SEMINOLE FL</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BARONE, NATHANIEL L. JR</b> <b>8270 SUNSET DR.</b> <b>MIAMI, FL 33143-3830</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>STEFFES, HAL</b> <b>11163 MARQUETTE ST</b> <b>SPRING HILL, FL 34609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MOORE, J. CARL</b> <b>613 PINE AVE</b> <b>LIVE OAK, FL 32060</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2770 PALM AIRE DR., N.</b> <b>POMPANO BEACH, FL 33069</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b>

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 empowerments.

SIGNATURE: SIGNATURE OF FRANK D. WILLIS, JR. 1-26-2000 (352) 669-2241  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #