

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90118 046 ****61.25

DOCUMENT # N21320

1. Entity Name

FLORIDA ELKS CHILDRENS THERAPY SERVICES, INC.

Principal Place of Business

Mailing Address

C/O FRANK D. WILLIS, JR.
 633 UMATILLA BOULEVARD
 UMATILLA FL 32784

C/O FRANK D. WILLIS, JR.
 633 UMATILLA BOULEVARD
 UMATILLA FL 32784

2. Principal Place of Business

24175 SE HWY 450

3. Mailing Address

P.O. Box 49

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

UMATILLA FL

City & State

UMATILLA FL

4. FEI Number

59-0637860

Applied For

Not Applicable

Zip

32784

Country

Zip

32784-0049

Country

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

WILLIS, FRANK D., JR.
633 UMATILLA BOULEVARD
UMATILLA FL 32784

Name

Street Address (P.O. Box Number is Not Acceptable)

24175 SE HWY 450

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	D	<input type="checkbox"/> Delete
STREET ADDRESS	BARONE, NATHANIEL L JR	
CITY-ST-ZIP	8270 SUNSET DR. MIAMI FL 33143	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	STEFFES, HAL	
CITY-ST-ZIP	11163 MARQUETTE ST SPRING HILL FL 34609	
TITLE NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	WILLIS, FRANK D JR	
CITY-ST-ZIP	635 UMATILLA BLVD. UMATILLA FL	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	MOORE, CARL J	
CITY-ST-ZIP	613 PINE AVE LIVE OAK FL 32060	
TITLE NAME	PD	<input type="checkbox"/> Delete
STREET ADDRESS	MILLS, JEROLD A	
CITY-ST-ZIP	2770 PALM AIRE DR. N POMPANO BEACH FL 33069	
TITLE NAME	VPD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	HAMEL, RICHARD S	
CITY-ST-ZIP	615 COZYBROOK LANE ORANGE PARK FL 32073	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	BRIAN BURNS	
CITY-ST-ZIP	3662 NW COUNTY RD. 661 ARCADIA, FL 33821	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	24175 SE HWY 450	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE NAME	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	MICHAEL W. CHANDLER	
CITY-ST-ZIP	704 N. FLAMINGO DR. HOLLY HILL, FL 32117	
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	ENRICO J. "RICK" PELUSO	
CITY-ST-ZIP	340 PONTE VEORA RD. PALM SPRINGS, FL 33461	

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 of Registered Agent

7/25/02

(352) 669-2241

CR2E037 (4/02)