

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90147 036 ****61.25

DOCUMENT # N21810

1. Entity Name

SEBASTIAN LODGE, NO. 2714, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA

Principal Place of Business

Mailing Address

**731 S. FLEMING STREET
 SEBASTIAN FL 32978-2060**

**P.O. BOX 32978-2060
 SEBASTIAN FL 32978-2060**

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

59-2648978

Applied For

Not Applicable

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

**LANCASTER, ELMER
 1755 SKYLINE LANE
 SEBASTIAN FL 32958**

D

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

Elmer Lancaster

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/02

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	P	<input type="checkbox"/> Delete
NAME	LANCASTER, ELMER	
STREET ADDRESS	1755 SKYLINE LANE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D Secty	<input type="checkbox"/> Delete
NAME	KLEIN, FRED	
STREET ADDRESS	1662 CORAL REEF ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SMITH, FRANCIS C JR	
STREET ADDRESS	1308 W. BAREFOOT CIR.	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWENLISS, JOHN	
STREET ADDRESS	317 SEAGRAPE AVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILL, TOM	
STREET ADDRESS	63 BLUE ISLAND ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELSH, GENE	
STREET ADDRESS	498 HAZEL ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	

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	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES KEARNAN	
STREET ADDRESS	7659 GREAT BEAR LAKE DR	
CITY-ST-ZIP	MICCO FL 32976	
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVENLISS, JOHN	
STREET ADDRESS	317 Seagrape Ave	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD LAMB	
STREET ADDRESS	1112 BREEZY WAY	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES BOWERS	
STREET ADDRESS	1611 CORAL REEF ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	

CR2E037 (9/01)

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:

Elmer Lancaster
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone #