

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91551 049 ****61.25

DOCUMENT # N25285

1. Entity Name

ELKS LODGE NO. 2730, BENEVOLENT AND PROTECTIVE O

Principal Place of Business

Mailing Address

7655 S.E. HWY. 25
 P.O. BOX 3100
 BELLEVIEW FL 34421
 US

7655 S.E. HWY. 25
 P.O. BOX 3100
 BELLEVIEW FL 34421
 US

00068352



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2767697

Applied For

Not Applicable

Zip

Country

Zip

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

THOMPSON, ANDREW A
15 SPRING LANE WAY
OCALA FL 34472

Name

William A. Carter

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

4311 SE 44 Street

City

Ocala,

FL

Zip Code
34480

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

William A. Carter

SECRETARY

5/15/1

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

(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. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D TUCKER, HARRY A.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	220 GLENNEAGLES RD	
CITY-ST-ZIP	OCALA FL 34472	
TITLE NAME	D CASALE, PHIL	<input type="checkbox"/> Delete
STREET ADDRESS	8970 SE 88 STREET	
CITY-ST-ZIP	OCALA FL 34472	
TITLE NAME	D HAMLIN, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6413 D LAKEWOOD DR	
CITY-ST-ZIP	OCALA FL 34472	
TITLE NAME	D CARTER, WILLIAM A	<input type="checkbox"/> Delete
STREET ADDRESS	4311 SE 44 ST	
CITY-ST-ZIP	OCALA FL 34480	
TITLE NAME	P WESTCOTT, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	9894 SE 110 ST RD	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE NAME	D NEAL, MARQUETTE	<input type="checkbox"/> Delete
STREET ADDRESS	2828 NE 49 AVE #89	
CITY-ST-ZIP	OCALA FL 34470	

TITLE NAME	P Norman, Louisa	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2805 SE 110th Street	
CITY-ST-ZIP	Ocala, FL 34480	
TITLE NAME	D Graf, Charles	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8 Silver Trail	
CITY-ST-ZIP	Ocala, FL 34472	
TITLE NAME	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 like empowered.

SIGNATURE:

Signature of Norman E.R.

5/15/1 352-307-5760

CR2E037 (10/00)