

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91505 029 ****61.25

37273



DO NOT WRITE IN THIS SPACE

DOCUMENT # N25285

1. Entity Name

ELKS LODGE NO. 2730, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA INC

Principal Place of Business

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

Mailing Address

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

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

CARTER, WILLIAM A
4311 SE 44 STREET
OCALA FL 34480

Name **THOMAS GLEASON**
 Street Address (P.O. Box Number is Not Acceptable)
6894 B DOLLYMOUNT DR.
OCALA, FL 34472
 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

Thomas Gleason

(NOTE: Registered Agent signature required when reinstating)

DATE

June 12-2002

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	Delete
P	NORMAN, LOUISA	2805 SE 110TH STREET	OCALA FL 34480	<input checked="" type="checkbox"/>
D	CASALE, PHIL	8970 SE 88 STREET	OCALA FL 34472	<input type="checkbox"/>
D	GRAF, CHARLES	8 SILVER TRAIL	OCALA FL 34472	<input type="checkbox"/>
S	CARTER, WILLIAM A	4311 SE 44 ST	OCALA FL 34480	<input checked="" type="checkbox"/>
D	WESTCOTT, ROBERT	9894 SE 110 ST RD	BELLEVIEW FL	<input checked="" type="checkbox"/>
D	NEAL, MARQUETTE	2828 NE 49 AVE #89	OCALA FL 34470	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	BRUCE HENRY	16583 SE 96th CT	SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	THOMAS GLEASON	6894 B DOLLYMOUNT DR	OCALA, FL 34472	<input type="checkbox"/>	<input type="checkbox"/>
D	WAYNE REFFNER	2401 SE 17 CIR	OCALA, FL 34471	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CR20037 (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:

Thomas Gleason
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY

Date

352-245-3535

Daytime Phone #