

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90443 043 \*\*\*\*61.25

**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 <b>7655 S.E. HWY. 25 P.O. BOX 3100 BELLEVIEW FL 34421 US</b>	Mailing Address <b>7655 S.E. HWY. 25 P.O. BOX 3100 BELLEVIEW FL 34421 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-2767697**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GLEASON, THOMAS  
6894 DOLLYMOUNT DR  
OCALA FL 34472**

Name	
Street Address	<b>1183 Steve Westgate 9621 Bahia Rd Ocala FL 34472</b>
City	
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 *Steve Westgate* DATE **4/15/03**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. DIRECTORS IN 10**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HENRY, BRUCE</b>	
STREET ADDRESS	<b>16583 SE 96TH CT</b>	
CITY-ST-ZIP	<b>SUMMERFIELD FL 34491</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CASALE, PHIL</b>	
STREET ADDRESS	<b>8970 SE 88 STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRAF, CHARLES</b>	
STREET ADDRESS	<b>8 SILVER TRAIL</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GLEASON, THOMAS</b>	
STREET ADDRESS	<b>6894 B DOLLYMOUNT DR</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REFFNER, WAYNE</b>	
STREET ADDRESS	<b>2401 SE 17 CIR</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NEAL, MARQUETTE</b>	
STREET ADDRESS	<b>2828 NE 49 AVE #89</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	

TITLE	<b>9</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Charles G. Graf PER</b>	
STREET ADDRESS	<b>8 Silver TRAIL</b>	
CITY-ST-ZIP	<b>Ocala FL 34472-2306</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>440</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Melvin Carrodus</b>	
STREET ADDRESS	<b>11606 SE 74 TER</b>	
CITY-ST-ZIP	<b>Belleview FL 34420-4718</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1183 Steve Westgate</b>	
STREET ADDRESS	<b>9621 Bahia Rd</b>	
CITY-ST-ZIP	<b>Ocala FL 34472</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>767 Charlie Mckinnon</b>	
STREET ADDRESS	<b>8 Spring Lake WAY</b>	
CITY-ST-ZIP	<b>Ocala FL 34472-2730</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall be of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Gleason* **NOTARIAL SIGNATURE REQUIRED** DATE **4/15/03**

CR2E037 (10/02)