

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90062 005 ****61.25

DOCUMENT # N37865

1. Entity Name

NAPLES LODGE NO. 2010 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA, I

Principal Place of Business

Mailing Address

3950 RADIO RD.
 NAPLES FL 34104

3950 RADIO RD.
 NAPLES FL 34104

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

59-0774251

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOZY, ARTHUR L
517 WHITEWATER WAY
NAPLES FL 34112

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 _____

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	T	<input type="checkbox"/> Delete
NAME	LEHMAN, HENRY	
STREET ADDRESS	2803 AINTREE LANE # 102	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WESTROM, AL	
STREET ADDRESS	8405 MISTIC GLEN WAY #201	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARTHUR KOZY	
STREET ADDRESS	517 WHITEWATER WAY	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PERL, PAUL	
STREET ADDRESS	1064 MANOR LAKE DR. B105	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul M. Perl	
STREET ADDRESS	1064 Manor Lake Drive B-105	
CITY-ST-ZIP	Naples, Fl 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert C. Philippe	
STREET ADDRESS	26262 Savannah Drive	
CITY-ST-ZIP	Bonita Springs, Fl 34135-6163	
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		

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

Daytime Phone #

CR2E037 (9/01)