

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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90140 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**



CHECK HERE IF MAKING CHANGES

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

**KOZY, ARTHUR L  
517 WHITEWATER WAY  
NAPLES FL 34112**

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LEHMAN, HENRY</b>	
STREET ADDRESS	<b>2803 AINTREE LANE # 102</b>	
CITY-ST-ZIP	<b>NAPLES FL 34112</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PERL, PAUL M</b>	
STREET ADDRESS	<b>1054 MANOR LAKE DRIVE, B-105</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ARTHUR KOZY</b>	
STREET ADDRESS	<b>517 WHITEWATER WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34112</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PHILIPPE, ROBERT C</b>	
STREET ADDRESS	<b>26262 SAVANNAH DR</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
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	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT G. LINCOLN</b>	
STREET ADDRESS	<b>4268 HAMPTON</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34119</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SALLY A. STEELE</b>	
STREET ADDRESS	<b>670 LUISA LANE, APT. 1</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34104</b>	
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)(l), 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 REGISTERED AGENT** **ARTHUR L. KOZY** 4/1/2003 239-643-1367

CR2E037 (10/02)