

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

003348

**DOCUMENT # N43184**

1. Entity Name

**FORT MYERS LODGE, NO. 1288 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERI**

04-09-2002 90048 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1900 PARK MEADOWS DRIVE  
 FT. MYERS FL 33907  
 US**

**PO BOX 1524  
 FORT MYERS FL 33902  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0232981**

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

**KERSHAW, BRUCE  
 1900 PARK MEADOWS DRIVE  
 FT. MYERS FL 33907**

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

*Bruce Kershaw*

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	TR	<input type="checkbox"/> Delete
NAME	HOFFMAN, STUART	
STREET ADDRESS	1707 PARK MEADOWS DRIVE #3	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BENNETT, DONALD	
STREET ADDRESS	4332 LYRIC CT	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	TR	<input type="checkbox"/> Delete
NAME	RUHNO, EDWARD	
STREET ADDRESS	7430 LAKEBREEZE DR	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MINOGUE, PETE JR.	
STREET ADDRESS	PO BOX 7085 N/A	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, JACK	
STREET ADDRESS	1035 WYOMI DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	P	<input type="checkbox"/> Delete
NAME	BREWER, PAUL S	
STREET ADDRESS	15771 BALMY POINT LANE	
CITY-ST-ZIP	N FORT MYERS FL 33917	

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		
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		
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:

*BRUCE KERSHAW*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)