

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90008 045 \*\*\*\*61.25

**DOCUMENT # N95000001996**

1. Entity Name

**CLERMONT-GROVELAND ELKS LODGE, #1848, INC.**

Principal Place of Business

**705 WEST MINNEOLA AVENUE  
 CLERMONT FL 34712**

Mailing Address

**705 WEST MINNEOLA AVENUE  
 CLERMONT FL 34712**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0699166**

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

**EYERLY, ROBERT D  
 705 WEST MINNEOLA AVE  
 CLERMONT FL 34712**

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 ☐ Delete  
 NAME **S EYERLY, ROBERT D**  
 STREET ADDRESS **8009 GROVEMONT EST. RD.**  
 CITY-ST-ZIP **GROVELAND FL 34736**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **P BAINBRIDGE, JANIS F**  
 STREET ADDRESS **1212 FRAN MAR CT**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition  
 NAME **P Philip J. Delsie**  
 STREET ADDRESS **1401 W.Hwy#50 Lot 130**  
 CITY-ST-ZIP **Clermont, FL. 34711**

TITLE ☐ Delete  
 NAME **T BURDEN, ALLEN M**  
 STREET ADDRESS **16715 RIDGEWOOD AVE.**  
 CITY-ST-ZIP **MONTVERDE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D BEAUDET, PIERRE**  
 STREET ADDRESS **1212 FRAN MAR CT**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D FOURNIER, JAMES**  
 STREET ADDRESS **143 SUNNYSIDE DRIVE**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **D EBERLINE, LESLIE**  
 STREET ADDRESS **576 MINNEOLA AVE**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition  
 NAME **D Christopher P. Giachetti**  
 STREET ADDRESS **400 E. Hwy#50**  
 CITY-ST-ZIP **Clermont, FL. 34711**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Robert D. Eyerly* **Robert D. Eyerly**

**4/14/2001**

**(352)343-3531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)