

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722251

1. Entity Name

NORTH MIAMI ELKS LODGE 1835, INC.

Principal Place of Business

12495 NE 2ND AVENUE  
NORTH MIAMI FL 33161

Mailing Address

12495 NE 2ND AVENUE  
NORTH MIAMI FL 33161-5336

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

59-0678389

Applied For

Not Applicable

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

DELUCCA, ANTHONY J, SR  
14370 NE 4TH AVE  
MIAMI FL 33161

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 PD  
NAME ORTIZ, JOSEPH  
STREET ADDRESS 1000 NW 150 ST.  
CITY-ST-ZIP MIAMI FL 33168 ☒ Delete

TITLE PD  
NAME Frank Teachman  
STREET ADDRESS 12495 NE 2 Ave  
CITY-ST-ZIP No Mia, FL 33162 ☒ Change ☐ Addition

TITLE TD  
NAME WHITE, JAMES E  
STREET ADDRESS 12495 NE 2ND AVE  
CITY-ST-ZIP NORTH MIAMI FL ☐ Delete

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

TITLE VD  
NAME ORTIZ, NICOLAS  
STREET ADDRESS 110 NE 135 ST  
CITY-ST-ZIP NORTH MIAMI FL 33161 ☐ Delete

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

TITLE SD  
NAME PALM, JULIE  
STREET ADDRESS 1220 NE 153 ST  
CITY-ST-ZIP NO MIAMI BEACH FL 33162 ☐ Delete

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

TITLE ATD  
NAME DELUCCA, ANTHONY J SR.  
STREET ADDRESS 12495 N.E. 2ND AVE.  
CITY-ST-ZIP N. MIAMI FL ☐ Delete

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

TITLE CD  
NAME PETERSON, RICHARD  
STREET ADDRESS 13504 NE 23 CRT  
CITY-ST-ZIP MIAMI FL 33181 ☐ Delete

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2000

Date

305-681-5151

Daytime Phone #

CR2E037 (9/99)