

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711627

1. Entity Name

FORT LAUDERDALE LODGE NO. 1517, BENEVOLENT AND

Principal Place of Business

701 S. FED. HWY.
FT LAUDERDALE FL 33316
US

Mailing Address

701 S. FED. HWY.
FT LAUDERDALE FL 33316
US

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

59-0241532

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

TWIST, SUSAN
1814 SW 29TH ST
FT. LAUDERDALE FL 33315

Name McELMEEL, PATRICK

Street Address (P.O. Box Number is Not Acceptable)

2029 N. Ocean Drive

City Fort Lauderdale

FL

Zip Code 33305

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

Patrick McElmeel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-2000

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T. RUSHING, KENDALL E</u> <u>13180 S.W. 7TH PLACE</u> <u>DAVIE FL 33325</u>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P. McELMEEL, PATRICK</u> <u>2029 N. OCEAN DRIVE</u> <u>FT. LAUDERDALE FL 33305</u>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T. ENOS, RAYMOND J</u> <u>1000 SW 12TH ST APT. 110</u> <u>FT LAUDERDALE FL 33315</u>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S. STRICKLAND, RAY</u> <u>821 SE 12TH COURT #10</u> <u>FT. LAUDERDALE FL 33316</u>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T. BOLEN, ROBERT</u> <u>1101 SE 8TH STREET</u> <u>FT. LAUDERDALE FL 33316</u>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Patrick McElmeel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1-17-2000 (654) 463-1517

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90053 018*** 61.25



DO NOT WRITE IN THIS SPACE