

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90308 013 \*\*\*\*61.25

**DOCUMENT # N97000001643**

1. Entity Name

**MELBOURNE LODGE NO. 1744 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA**

Principal Place of Business

Mailing Address

**211 S. NIEMAN AVENUE  
 MELBOURNE FL 32902-1416**

**P.O. BOX 1416  
 MELBOURNE FL 32902-1416**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3441452**

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

**OYER, JUDY  
 1374 CYPRESS TRACE DR.  
 MELBOURNE FL 32940**

Name **Gordon B. Ward** (Exalted Ruler)  
 Street Address (P.O. Box Number is Not Acceptable)  
**439 CRESCENT DR.**  
 City **Melbourne, FL 32901-1364**  
 State **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 **Gordon B. Ward**

*X Gordon B. Ward*

**04-09-2002**

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 **P** ☒ Delete  
 NAME **OYER, JUDY M**  
 STREET ADDRESS **1374 CYPRESS TRACE DRIVE**  
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **Secretary** ☐ Change ☒ Addition  
 NAME **Samuel J. Casella**  
 STREET ADDRESS **1255 Harbor Town Circle**  
 CITY-ST-ZIP **Melbourne, FL 32940-1912**

TITLE **D** ☒ Delete  
 NAME **WARD, GORDON D**  
 STREET ADDRESS **439 CRESCENT DR.**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DY5T** ☐ Change ☒ Addition  
 NAME **Richard Hendry**  
 STREET ADDRESS **270 Gray Road**  
 CITY-ST-ZIP **Melbourne, FL 32904-3509**

TITLE **D2YT** ☒ Delete  
 NAME **SPITZ, EDWARD G**  
 STREET ADDRESS **1511 CLUB GARDENS DR.**  
 CITY-ST-ZIP **PALM BAY FL 32905-6529**

TITLE **D4YT** ☒ Change ☐ Addition  
 NAME **Edward G. Sarnowski**  
 STREET ADDRESS **4430 Twin Lakes Dr.**  
 CITY-ST-ZIP **Melbourne, FL 32934**

TITLE **D5YT** ☒ Delete  
 NAME **SARNOSKI, EDWARD A**  
 STREET ADDRESS **4430 TWIN LAKES DRIVE**  
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **D3YT** ☒ Change ☐ Addition  
 NAME **Thomas Sullivan**  
 STREET ADDRESS **127 Island View Dr.**  
 CITY-ST-ZIP **Indian Harbor Beach, FL 32937**

TITLE **D4YT** ☒ Delete  
 NAME **SULLIVAN, THOMAS D.**  
 STREET ADDRESS **127 ISLAND VIEW DRIVE**  
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE **D2YT** ☒ Change ☐ Addition  
 NAME **GEORGE E. Petrusek**  
 STREET ADDRESS **433 Kimberly Dr.**  
 CITY-ST-ZIP **Melbourne, FL 32940-7771**

TITLE **DOYT** ☒ Delete  
 NAME **PETRASEK, GEORGE E**  
 STREET ADDRESS **433 KIMBERLY DR.**  
 CITY-ST-ZIP **MELBOURNE FL 32940-7771**

TITLE **DOYT** ☒ Change ☐ Addition  
 NAME **Edward G. Spitz**  
 STREET ADDRESS **1511 Club Gardens Dr.**  
 CITY-ST-ZIP **Palm Bay, FL 32905-6529**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

*Samuel J. Casella*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-2002

321-768-1744

Date

Daytime Phone #

CR2E037 (9/01)