

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90019 046 \*\*\*\*61.25

**DOCUMENT # 702942**

1. Entity Name

**CHARLOTTE COUNTY LODGE NO. 2153, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF**

Principal Place of Business

Mailing Address

**2325 TAMAMI TRAIL  
 PORT CHARLOTTE FL 33952**

**2325 TAMAMI TRAIL  
 PORT CHARLOTTE FL 33952**

2. Principal Place of Business

3. Mailing Address

**4109 TAMAMI TRAIL  
 Suite, Apt. #, etc.**

**P.O. BOX 496425  
 Suite, Apt. #, etc.**

City & State

**PORT CHARLOTTE, FL**

City & State

**PORT CHARLOTTE, FL**

4. FEI Number

**59-1392631**

Applied For

Not Applicable

Zip

Country

**33952**

Zip

Country

**33949**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIBSON, J. RICHARD  
 21027 MALDEN AVENUE  
 PORT CHARLOTTE FL 33952**

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

**J. RICHARD GIBSON  
 SECRETARY**

**4/24/02**

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	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENT, JACK</b>	
STREET ADDRESS	<b>2531 ACALAY STREET</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33982</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOLOWIAK, MIKE</b>	
STREET ADDRESS	<b>22441 WESTCHESTER BLVD. #1100A</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33980</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LINTHORST, HERMAN B</b>	
STREET ADDRESS	<b>1001 LABELLE TERRACE NORTHWEST</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33948-2074</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GATES, JAMES</b>	
STREET ADDRESS	<b>18494 ELLEN AVE.</b>	
CITY-ST-ZIP	<b>PT. CHARLOTTE FL 33948</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SUTERA, ANTHONY</b>	
STREET ADDRESS	<b>1332 RAMSDEL ST.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CURLEY, ANN</b>	
STREET ADDRESS	<b>175 KINGS HWY #5B8</b>	
CITY-ST-ZIP	<b>PT. CHARLOTTE FL 33952</b>	

TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>J. RICHARD GIBSON</b>	
STREET ADDRESS	<b>21027 MALDEN AVENUE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHARLES CARIER</b>	
STREET ADDRESS	<b>17288 GULFSPRAY CIRCLE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33948</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOWNSEND BIRD</b>	
STREET ADDRESS	<b>1194 RICHTER STREET</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33952</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS MCCARTHY</b>	
STREET ADDRESS	<b>408 E. MARION AVENUE #4</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33951</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DON DILLINGHAM</b>	
STREET ADDRESS	<b>18558 KERRVILLE CIRCLE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33948</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PETER VAPHIADES</b>	
STREET ADDRESS	<b>2090 LERYL AVENUE</b>	
CITY-ST-ZIP	<b>NORTH PORT, FL 34286</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 605.30, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. RICHARD GIBSON  
 SECRETARY**

Date

**4/24/02**

Daytime Phone #

CR2E037 (9/01)