

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90042 048 *****61.25

DOCUMENT # 703987

1. Entity Name

**PINELLAS PARK LODGE NO 2217, INC. BENEVOLENT AND
 PROTECTIVE ORDER OF ELKS OF THE UNITED STATES O**

Principal Place of Business

Mailing Address

**7550 40TH STREET NORTH
 PINELLAS PARK FL 33781
 US**

**7550 40TH STREET NORTH
 PINELLAS PARK FL 34665
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1148592

Applied For

Not Applicable

Zip

Country

Zip

Country

33781

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

**FRANCES, MURRAY
 2531 58 ST N
 SAINT PETERSBURG FL 33710**

Name

MARIO FERFOGLIA

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

6615-26 ST. N

City

ST. PETERSBURG

FL

Zip Code

33702

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

2/12/02

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 **TD** ☐ Delete
 NAME **BRYCE, ROBERT**
 STREET ADDRESS **5003 76 ST N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE **PD** ☒ Change ☐ Addition
 NAME **MARIO FERFOGLIA**
 STREET ADDRESS **6615-26 ST. N**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **SD** ☐ Delete
 NAME **NOYES, RICHARD**
 STREET ADDRESS **5680 24 AV N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

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

TITLE **PD** ☒ Delete
 NAME **MURRAY, FRANCES**
 STREET ADDRESS **2531 58 ST N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO FERFOGLIA

Date

Daytime Phone #

2/12/02 727-464-4074

CR2E037 (9/01)