

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90061 044 ****61.25

DOCUMENT # 705444

1. Entity Name

**DUNEDIN LODGE NO. 2275, INC. BENEVOLENT AND PROT
 ECTIVE ORDER OF ELKS OF THE UNITED STATES OF AME**

Principal Place of Business

Mailing Address

**1240 SAN CHRISTOPHER DRIVE
 DUNEDIN FL 34698**

**PO BOX 697
 DUNEDIN FL 34698**

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

23-7176698

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

**BARNARD, JO ANN
 936 LYNTHURST STREET
 DUNEDIN FL 34698**

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 ☐ Delete
 NAME **CAPRARA, LOUIS J**
 STREET ADDRESS **2187 S BRAMBLEWOOD DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33763**

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

D ☐ Delete
 NAME **MUNRO, PER SAM**
 STREET ADDRESS **468 EXMOOR TERRACE**
 CITY-ST-ZIP **DUNEDIN FL 34698**

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

S ☐ Delete
 NAME **BARNARD, JO ANN**
 STREET ADDRESS **936 LYNTHURST STREET**
 CITY-ST-ZIP **DUNEDIN FL 34698**

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

D ☐ Delete
 NAME **FRANKLIN, DEANE**
 STREET ADDRESS **2625 LAKESIDE CIRCLE**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

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

ER ☒ Delete
 NAME **POLING, JON**
 STREET ADDRESS **9025 LAKE DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☒ Change ☐ Addition
 NAME **Tom Rice**
 STREET ADDRESS **974 Knollwood Dr**
 CITY-ST-ZIP **Dunedin, FL 34698**

D ☐ Delete
 NAME **SHULER, ROBERTA**
 STREET ADDRESS **11801 SNAPDRAGON ROAD**
 CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JO ANN BARNARD
 Date **3-28-02** Daytime Phone # **727 733-3318**

008275

CR2E037 (9/01)