

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90384 021 ****61.25

DOCUMENT # 705444

1. Entity Name

**DUNEDIN/CLEARWATER NO. 1525 BENEVOLENT AND PROTE
CTIVE ORDER OF ELKS OF THE UNITED STATES OF AMER**



Principal Place of Business

**1240 SAN CHRISTOPHER DRIVE
DUNEDIN FL 34698**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



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 **ANDERSON, PATRICIA A**
Street Address (P.O. Box Number is Not Acceptable)
3032 EASTLAND BLVD #B203
CLEARWATER **33761**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia A. Anderson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **ANDERSON, PATRICIA A**
CITY-ST-ZIP **3032 EASTLAND BLVD. #B203
CLEARWATER FL. 33761**

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

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **RICE, TOM**
CITY-ST-ZIP **974 KNOLLWOOD DR.
DUNEDIN FL 34698**

TITLE ☒ Delete
NAME **ER**
STREET ADDRESS **RICE, TOM**
CITY-ST-ZIP **974 KNOLLWOOD DR
DUNEDIN FL 34698**

TITLE ☒ Change ☐ Addition
NAME **ER**
STREET ADDRESS **CANEY, ROBERT**
CITY-ST-ZIP **861 MAPLE CT #203
DUNEDIN, FL 34698-6723**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHULER, ROBERTA**
CITY-ST-ZIP **11801 SNAPDRAGON ROAD
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: *Patricia A. Anderson* **FEES REQUIRED**

3/29/03

727-233-3318

CR2E037 (10/02)