

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 705516**

1. Entity Name

**PLANTATION ELKS CLUB, INC.****FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90114 039 \*\*\*\*61.25

Principal Place of Business

**7351 N.W. 5TH STREET  
PLANTATION FL 33317**

Mailing Address

**7351 N.W. 5TH STREET  
PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-0999956**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**ROBERT COLINI  
262 SW 53RD AVE  
PLANTATION FL 33317**

## 7. Name and Address of New Registered Agent

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 **Robert Colini**

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

(NOTE: Registered Agent signature required when reinstating)

**3/31/02**  
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

TITLE **S** ☐ Delete  
NAME **BAKER, BILL**  
STREET ADDRESS **1200 NW 118 AVE**  
CITY-ST-ZIP **PLANTATION FL 33323**TITLE **D** ☐ Delete  
NAME **NAPHOLZ, JAMES**  
STREET ADDRESS **7961 NW 53 STREET**  
CITY-ST-ZIP **LAUDERHILL FL 33351**TITLE **D** ☐ Delete  
NAME **ROBERT COLINI**  
STREET ADDRESS **262 SW 53RD AVE**  
CITY-ST-ZIP **PLANTATION FL 33317**TITLE **D** ☐ Delete  
NAME **KNIGHT, JACK**  
STREET ADDRESS **PO BOX 171801**  
CITY-ST-ZIP **HIALEAH FL 33017**TITLE **D** ☒ Delete  
NAME **NORMYLE, WARREN**  
STREET ADDRESS **475 NW 68 AVENUE**  
CITY-ST-ZIP **PLANTATION FL 33317**TITLE **D** ☐ Delete  
NAME **ORGAN, DOUG**  
STREET ADDRESS **8361 NW 46 ST**  
CITY-ST-ZIP **LAUDERHILL FL 33351**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Change ☐ Addition  
NAME **Lisa Klaffka**  
STREET ADDRESS **4381 NW 116 Ave.**  
CITY-ST-ZIP **Sunrise FL 33323**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: **Bill Baker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bill Baker, Sec.****3/31/02**

Date

Daytime Phone #

CR2E037 (9/01)