

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90129 021 ****61.25

DOCUMENT # 705516

1. Entity Name

PLANTATION ELKS CLUB, INC.



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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0999956**

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

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

Name

Jack Knight

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

11510 NW 31 Street

Sunrise FL 33323

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 Jack Knight

4/1/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BAKER, BILL**
CITY-ST-ZIP **1200 NW 118 AVE
PLANTATION FL 33323**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NAPHOLZ, JAMES**
CITY-ST-ZIP **7961 NW 53 STREET
LAUDERHILL FL 33351**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **ROBERT COLINI**
CITY-ST-ZIP **262 SW 53RD AVE
PLANTATION FL 33317**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **John Burke**
CITY-ST-ZIP **711 Holly Lane
Plantation FL 33317**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KNIGHT, JACK**
CITY-ST-ZIP **PO BOX 171801
HIALEAH FL 33017**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **11510 NW 31 Street**
CITY-ST-ZIP **Sunrise FL 33323**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KLAFFKA, LISA**
CITY-ST-ZIP **4381 NW 116 AVENUE
SUNRISE FL 33323**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ORGAN, DOUG**
CITY-ST-ZIP **8361 NW 46 ST
LAUDERHILL FL 33351**

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

Bill Baker

4/8/03

954-587-6840

CR2E037 (10/02)