

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708980

1. Entity Name

HOLIDAY ISLES LODGE NO.1912 INC., BENEVOLENT AND

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90001 029 ****61.25

Principal Place of Business Mailing Address
VOLANT AND PROTECTIVE ORDER OF ELKS OF 14111 E. PARSLEY DRIVE, BOX 8066 MADEIRA BEACH FL 33708
VOLANT AND PROTECTIVE ORDER OF ELKS OF 14111 E. PARSLEY DRIVE, BOX 8066 MADEIRA BEACH FL 33708-2346

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2210992

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KONTZ, RICHARD
10365 PARADISE BLVD #24
TREASURE ISLAND FL 33706

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FURNUM, JAMES 14048 GULF BLVD. #607 MADEIRA BEACH FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD HUNT 14800 GULF BLVD MADEIRA Bch, F 33708	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEIRSTEAD, ART 8631 118TH WAY N. SEMINOLE FL 33772	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY SMITH 329 E. MADEIRA AVE MADEIRA Bch, F 33708	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, KEN 6020 SHORE BLVD. #607 GULF PORT FL 33708	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IWAN CHORONENKO 1391 50th AVE N.E. ST PETERSBURG, F 33703	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, MICHAEL 9794 51ST AVE. N ST. PETERSBURGH FL 33708	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES FARNUM 14048 GULF BLVD #607 MADEIRA Bch, F 33708	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOONTZ, RICHARD 10365 PARADISE BLVD. #24 TREASURE ISLAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUILFOYLE, WILLIAM 10173 ASHLEY DR SEMINOLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000

727-392-4176