

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90094 043 ****61.25

DOCUMENT # 708980

1. Entity Name

HOLIDAY ISLES LODGE NO.1912 INC., BENEVOLENT AND

Principal Place of Business

VOLENT AND PROTECTIVE ORDER OF ELKS OF
14111 E. PARSLEY DRIVE, BOX 8066
MADEIRA BEACH FL 33708

Mailing Address

VOLENT AND PROTECTIVE ORDER OF ELKS OF
14111 E. PARSLEY DRIVE, BOX 8066
MADEIRA BEACH FL 33708

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

59-2210992

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

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.

(NO. 1: 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	PD	☒ Delete
NAME	FURNUM, JAMES	
STREET ADDRESS	14048 GULF BLVD. #607	
CITY-ST-ZIP	MADEIRA BEACH FL	
TITLE	D	☒ Delete
NAME	KEIRSTEAD, ART	
STREET ADDRESS	8631 118TH WAY N.	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	☒ Delete
NAME	JOHNSON, KEN	
STREET ADDRESS	6020 SHORE BLVD. #607	
CITY-ST-ZIP	GULF PORT FL 33708	
TITLE	D	☒ Delete
NAME	WEST, MICHEAL	
STREET ADDRESS	9794 51ST AVE. N	
CITY-ST-ZIP	ST. PETERSBURGH FL 33708	
TITLE	D	☐ Delete
NAME	KOONTZ, RICHARD	
STREET ADDRESS	10365 PARADISE BLVD. #24	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	T	☐ Delete
NAME	GUILFOYLE, WILLIAM	
STREET ADDRESS	10173 ASHLEY DR	
CITY-ST-ZIP	SEMINOLE FL	

TITLE	PD	☐ Change ☒ Addition
NAME	LARRY SMITH	
STREET ADDRESS	329 E. MADEIRA AVE	
CITY-ST-ZIP	MADEIRA Bch, FL 33708	
TITLE	D	☐ Change ☒ Addition
NAME	EWAN CHORONENKO	
STREET ADDRESS	1391 50TH AVE N.E.	
CITY-ST-ZIP	ST PETERSBURG, FL 33703	
TITLE	D	☐ Change ☒ Addition
NAME	ROBERT HALL	
STREET ADDRESS	9490 HARBOR GREENS WAY	
CITY-ST-ZIP	SEMINOLE, FL 34646	
TITLE	D	☐ Change ☒ Addition
NAME	AUDREY MORGAN	
STREET ADDRESS	9514 TARA FAY CT	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE		☐ Change ☐ Addition
NAME	← SAME	
TITLE		☐ Change ☐ Addition
NAME	← SAME	

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: RICHARD KOONTZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-392-4176

10R2E037 (10/00)