

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90266 002 ****61.25

DOCUMENT # 708980

1. Entity Name

**HOLIDAY ISLES LODGE NO.1912 INC., BENEVOLENT AND
PROTECTIVE ORDER OF ELKS OF THE UNITED STATES O**



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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONAT, DANIEL K
570 LILLIAN DRIVE
MADEIRA BEACH FL 33708**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **CHORONENKO, IWAN**
STREET ADDRESS **1391 50TH AVE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **Robert G. Hall** ☒ Change ☐ Addition
NAME **9490 Harbor Greens Way C-206**
STREET ADDRESS **Seminole, FL 33776**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HALL, ROBERT G**
STREET ADDRESS **9490 HARBOR GREENS WAY**
CITY-ST-ZIP **SEMINOLE FL 34646**

TITLE **Audrey Morgan** ☒ Change ☐ Addition
NAME **9450 Harbor Greens Way 504A**
STREET ADDRESS **Seminole, FL 33776**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MORGAN, AUDREY E**
STREET ADDRESS **9514 TARA CAY CT**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **Raymond Honan** ☒ Change ☐ Addition
NAME **11331 79th Way**
STREET ADDRESS **Seminole, FL 33772**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KIERSTEAD, DONNA**
STREET ADDRESS **8631 118TH WAY N**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **Ann P. Williams** ☒ Change ☐ Addition
NAME **4596 35 Terr. No.**
STREET ADDRESS **St. Pete, FL 33713**
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **DONAT, DAN**
STREET ADDRESS **570 LILLIAN DRIVE**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE **Dan Donat** ☐ Change ☐ Addition
NAME **570 Lillian Dr.**
STREET ADDRESS **Madeira Beach, FL 33708**
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **VANHART, CARL R**
STREET ADDRESS **175 116TH AVE APT 103**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **Michael Huey** ☒ Change ☐ Addition
NAME **2720 12 St. No.**
STREET ADDRESS **St. Pete, FL 33704**
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 DANIEL K. DONAT 5-1-03 - 727-393-1545**

CR2E037 (10/02)