

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90219 028 \*\*\*\*61.25

**DOCUMENT # 711230**

1. Entity Name

**JACKSONVILLE BEACH LODGE NO. 1901 INC., BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED ST**

Principal Place of Business

Mailing Address

628 1ST AVE., NORTH  
 JACKSONVILLE BEACH FL 32250  
 US

P. O. BOX 50972  
 JACKSONVILLE BEACH FL 32240-0972  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0711236

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

**WILSON, WILLIAM S JR**  
**1363 PINWOOD RD**  
**JACKSONVILLE BEACH FL 32250**

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 ☒ Delete  
 NAME **P DEYO, DWIGHT**  
 STREET ADDRESS **612 16TH AVE NORTH**  
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☒ Change ☐ Addition  
 NAME **Lonnie Foster**  
 STREET ADDRESS **3904 EUNICE ROAD**  
 CITY-ST-ZIP **JACKSONVILLE, FL. 32250**

TITLE ☒ Delete  
 NAME **FOSTER, LENNIE**  
 STREET ADDRESS **3904 EUNICE ROAD**  
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☒ Change ☐ Addition  
 NAME **David Willett**  
 STREET ADDRESS **14420 Lookout Place**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Delete  
 NAME **S IGO, JERRY J**  
 STREET ADDRESS **3874 EUNICE ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32250**

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

TITLE ☒ Delete  
 NAME **TD KOMKOV, DONNA**  
 STREET ADDRESS **PO BOX 51204**  
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32240**

TITLE ☒ Change ☐ Addition  
 NAME **Tracy Igo**  
 STREET ADDRESS **1045 Hibiscos**  
 CITY-ST-ZIP **Atlantic Beach, FL. 32233**

TITLE ☐ Delete  
 NAME **D WILSON, WILLIAMS S JR**  
 STREET ADDRESS **1363 PINWOOD RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32250-0189**

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

TITLE ☒ Delete  
 NAME **D COMBS, LARRY**  
 STREET ADDRESS **146 ROSCOE BLVD NORTH**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☒ Change ☐ Addition  
 NAME **Elton Connor**  
 STREET ADDRESS **1055 Park Ridge Cir. W.**  
 CITY-ST-ZIP **Jacksonville, FL. 32211**

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: **JERRY IGO, Secretary**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

904-262-4285

Daytime Phone #

EX 32264

CR2E037 (9/01)