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

## **DOCUMENT # 712989**

1. Entity Name



Mar 10, 2003 8:00 am Secretary of State

**FILED** 

	OOD WEST LODGE NO. 2365 TECTIVE ORDER OF ELKS C			03-10-2003 90	//3 032 *****61.25
Principal Place of Business 7190 DAVIE ROAD EXTENSION HOLLYWOOD FL 33024		Mailing Address 7190 DAVIE ROAD EXTENSION HOLLYWOOD FL 33024		<u></u>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number <b>59-1301415</b>	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable  \$8.75 Additional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Regis	Fee Required
	THUR 4 JNIVERSITY DRIVE SPRINGS FL 33065		7811 FA	PANG FERGUSON s (P.O. Box Number is Not Acceptable) RRAGUT 5T:	Zin Code
•	Ţ.		HOLL	the State of Florida.	FL 33024
SIGNATURE	Signature, typed or printed name of registered agent		aign Financing	\$5.00 May Be Added to Fees Florida D	3-3-2003  Check Payable to Department of State
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HILL, ARTHUR E 3698 N UNIVERSITY DRIVE CORAL SPRINGS FL 33065	<b>⊠</b> Delete	NAME STREET ADDRESS 78//	LIAM FERGUSON FARRAGUT ST. LLYWOOD FI, 33024	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOSHER, PETER J 7631 FARRAGUT STREET HOLLYWOOD FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change ☐ Addition
-TITLE NAME STREET ADDRESS CITY-ST-ZIP	DINGLE, ROBERT F 8570 NW 11TH CT PEMBROKE PINES FL	Delete	NAME STREET ADDRESS CITY-ST-ZIP	/	Change Addition_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHYTE, JAMES 2912 ALCAZAR DR. MIRAMAR FL 33023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME	TR DIEMMANUELE, JOSEPH	☐ Delete	TITLE		
STREET ADDRESS CITY-ST-ZIP	5130 JEFFERSON ST. HOLLYWOOD FL 33021		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 all other like empowered.

SIGNATURE