2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 24, 2000 8:00 am Secretary of State **DOCUMENT # 739962** 1. Entity Name BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE U 03-24-2000 90122 011 ****61.25 Principal Place of Business Mailing Address HIGHWAY 70 EAST HIGHWAY 70 EAST P.O. BOX 1341 P.O. BOX 1341 OKEECHOBEE FL 34972 OKEECHOBEE FL 34973-1341 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 51-0227932 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name -Street Address (P.O. Box Number is Not Acceptable) YOUNG, ANTHONY T. 975 SW 136TH AVE **OKEECHOBEE FL 34974** City 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ER Change ☐ Addition TITLE 🖬 Delete TITLE GAISER, DONN A 3018 SE 34TH AVE. BORGOS, ED NAME NAME STREET ADDRESS STREET ADDRESS 2939 SE 38TH AVE CITY-ST-ZIP OHEE CHOBEE, FL 34974 CITY-ST-ZIP **OKEECHOBEE FL 34974** SECRETARY TITLE Delete Change ☐ Addition BASIL, ERNEST NAME PROULX NAME 2631 SE 33RD ST. STREET ADDRESS 3811 SE 25TH STREET STREET ADDRESS ONEEChobEE, FL 34974 CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 TREASURER Change Addition Delete TITLE TITLE CARPENTER, JEAN COBB. HARRY P. NAME P.O. BOX 1502 STREET ADDRESS STREET ADDRESS 17400 N.W. 2ND LANE OKEECHOBEE, FL 34974 CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL TRUSTEE D Delete Change Addition TITLE TITLE BOND , WILLIAM PARKWAY MURRY, JACK NAME NAME STREET ADDRESS STREET ADDRESS 2325 SE 31ST WAY CITY-ST-ZIP OKEECHOBEE, FL 34974-CITY-ST-7IP **OKEECHOBEE FL 34974** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME GASERSON, GA NAME STREET ADDRESS STREET ADDRESS 8740 NE 12TH LANE CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34974** TITLE ☐ Delete TITLE ☐ 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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Jones, Jerry

OKEECHOBEE FL

4277 SE 23RD COURT

NAME

STREET ADDRESS

CITY-ST-ZIP

U.SELRETARY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2000

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