

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90169 011 ****61.25

DOCUMENT # 749510

1. Entity Name

DAYTONA BEACH LODGE, NO. 1141, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF A

Principal Place of Business

Mailing Address

**700 S. RIDGEWOOD AVENUE
 DAYTONA BEACH FL 32114-5332
 US**

**700 S. RIDGEWOOD AVENUE
 DAYTONA BEACH FL 32114-5332
 US**

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

59-0161115

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

**BECTION, EMMA C
 1199 BRENTWOOD CT
 DAYTONA BEACH FL 32119-2495**

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 **CS** ☐ Delete
 NAME **BECTION, EMMA C**
 STREET ADDRESS **1199 BRENTWOOD CT.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119-2495**

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

TITLE **TR** ☒ Delete
 NAME **ARMSTRONG, WILLIS D**
 STREET ADDRESS **888 LINDERWOOD CIR**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **TR** ☐ Change ☒ Addition
 NAME **ROBERT W DITTMAN**
 STREET ADDRESS **840 S PALMETTO AVE**
 CITY-ST-ZIP **DAYTONA BCH FL 32114-5322**

TITLE **D** ☐ Delete
 NAME **KUHEL, EDWARD R**
 STREET ADDRESS **230 WALL AVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174-3352**

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

TITLE **D** ☐ Delete
 NAME **KUNZ, RONALD R.**
 STREET ADDRESS **BOX 9792 N/A**
 CITY-ST-ZIP **DAYTONA BEACH FL**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(386) 255-0084

CR2E037 (9/01)