

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10004

1. Entity Name

THE ELK'S CLUB

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90121 025 ****70.00

Principal Place of Business

Mailing Address

3201 FLAGLER AVE., #513
KEY WEST FL 33040
US

P.O. BOX 2187
KEY WEST FL 33045-2187
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0232984

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

PAPY, HUGH R.
1600 SIRUGO AVENUE
KEY WEST FL 33040

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	PT	<input type="checkbox"/> Delete
NAME	PAPY, HUGH R	
STREET ADDRESS	509 WHITEHEAD STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GRIFFIN, JAMES E	
STREET ADDRESS	823 WHITE STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	STT	<input type="checkbox"/> Delete
NAME	KNIGHT, HARRY F.	
STREET ADDRESS	1016 FLAGLER AVE.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	T	<input type="checkbox"/> Delete
NAME	FABAL, EUGENE	
STREET ADDRESS	2611 FOGARTY AVENUE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	S	<input type="checkbox"/> Delete
NAME	CURRY, DONALD	
STREET ADDRESS	2210 PATTERON AVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALVAREZ, RAY	
STREET ADDRESS	1109 VARELA ST.	
CITY-ST-ZIP	KEY WEST FL 33040	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/03/00 305-
294-4776

CR2E037 (9/99)