


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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90148 031 ****61.25

DOCUMENT # **N00000007178**

1. Entity Name
LAKE CITY ELKS CLUB, INC.



Principal Place of Business
**309 N HERNANDO ST
LAKE CITY FL 32055**

Mailing Address
**P.O. BOX 1122
LAKE CITY FL 32056**

2. Principal Place of Business
259 N.E. HERNANDO AVE.

3. Mailing Address
P.O. BOX 1122

Suite, Apt. #, etc.

City & State
LAKE CITY, FLA.

City & State
LAKE CITY, FLA.

Zip
32055

Country
COLUMBIA

Zip
32056

Country

4. FEI Number **59-0604454**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WITT, STEPHEN M
309 N HERNANDO ST
LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name
WITT, STEPHEN M.

Street Address (P.O. Box Number is Not Acceptable)
259 N.E. HERNANDO AVE

City
LAKE CITY, FLA.

FL

Zip Code
32055

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Stephen M Witt** Registered Agent DATE **4/23/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRING, JIM 309 N HERNANDO ST LAKE CITY FL 32055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONSONET, NORBIE 309 N HERNANDO ST LAKE CITY FL 32055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASON, P DEWITT 309 N HERNANDO ST LAKE CITY FL 32055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NICHOLS, BILL 309 N HERNANDO ST LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIVATT, JIM BO 309 N HERNANDO ST LAKE CITY FL 32055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, RAY 309 N HERNANDO ST LAKE CITY FL 32055	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JAMES W. PRIVATT 259 N.E. HERNANDO AVE LAKE CITY, FLA 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **James W. Privatt** DATE: **4/23/03** PHONE: **386-752-2284**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)