

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09798

1. Entity Name

THE ELKS CLUB ASSOCIATION OF PALATKA

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90031 006 ****61.25

Principal Place of Business

P.O. BOX 413
PALATKA FL 32178-0413
US

Mailing Address

114 S 3RD ST
PALATKA FL 32177
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0233023

Applied For

Not Applicable

Zip

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

ZIEM, DANIEL R SR.
401 OLIVE STREET
PALATKA FL 32177

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TATUM, NANCY I.
309 BENHAM ST
PALATKA FL 32177 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Earl yoemans ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, ROSALIE J
5107 SILVER LAKE DRIVE
PALATKA FL 32177 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAHLGUN, LARRY
2821 ST. JOHNS
PALATKA FL 32177 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZIEM, DANIEL R SR.
401 OLIVE ST
PALATKA FL 32177 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Richard Whitmer
PO Box 1804
Creek Cove Springs FL 32043 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)