

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-22-2002 90028 033 ****61.25

DOCUMENT # N11686

1. Entity Name

SOUTH ORLANDO LODGE, NO. 2694 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AM

Principal Place of Business

Mailing Address

333 EAST OAKRIDGE RD
 P O BOX 5912156
 ORLANDO FL 32809
 US

P.O. BOX 592156
 P O BOX 5912156
 ORLANDO FL 32859-2165
 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

59-2636179

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIKOR, RONALD
719 ADIDAS ROAD
WINTER SPRINGS FL 32708

Name
LUCERO, KENNETH
 Street Address (P.O. Box Number is Not Acceptable)
5909 Nashua Avenue
 City
Orlando **FL** Zip Code
32809

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 **Kenneth Lucero**

7 March 2002

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	D	<input type="checkbox"/> Delete
NAME	ROPER, PAUL	
STREET ADDRESS	1023 RIDGECREST RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	WETZEL, PAUL	
STREET ADDRESS	3814 E KALEY ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOMACK, JAMES	
STREET ADDRESS	1120 PLATO AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	CARR, MICHAEL	
STREET ADDRESS	7909 SKYVIEW DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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:

Paul Wetzel
Paul Wetzel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 March 2002

Date

407 855-9448

Daytime Phone #

CR2E037 (9/01)