

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90956 023 ****61.25

DOCUMENT # N11686

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2636179**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUCERO, KENNETH
5909 NASHUA AVENUE
ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name

LAURA REGAN

Street Address (P.O. Box Number is Not Acceptable)

2801 Kaystone Drive

City

Orlando

FL

Zip Code
32806

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

LAURA REGAN

2-19-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD CEPREGI	
STREET ADDRESS	2616 LANDO LANE	
CITY-ST-ZIP	ORLANDO, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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 OF PAUL WETZEL

2-19-03

407 855-9448