

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13786

1. Entity Name

ROTONDA ELKS, #2710, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90004 013 \*\*\*\*61.25

Principal Place of Business	Mailing Address
303 ROTUNDA BLVD. EAST ROTUNDA WEST FL 33947 US	303 ROTUNDA BLVD. EAST ROTUNDA WEST FL 33947-2803 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2695411	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABER, JOHN C.  
4155 CAPE HAZE DR  
PLACIDA FL 33946

7. Name and Address of New Registered Agent

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 John C. Aber, Secretary *John C. Aber* Feb. 24, 2000  
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, CHARLES	
STREET ADDRESS	116 SPORSMAN RD	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	LINTON, DAVID	
STREET ADDRESS	89 CADDY RD	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	ER	<input checked="" type="checkbox"/> Delete
NAME	LAWTON, CAROLYN	
STREET ADDRESS	6991 BEARDSLEY ST	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	ROACH, GEORGE	
STREET ADDRESS	138 MARK TWAIN LANE	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	WHEATING, DONALD	
STREET ADDRESS	214 MARK TWAIN LANE	
CITY-ST-ZIP	ROTONDO WEST FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOWNSEND, JOEL	
STREET ADDRESS	4654 ARLINGTON DR	
CITY-ST-ZIP	PLACIDA FL 33946	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mc Namara, Robert	
STREET ADDRESS	33 ParviewqRd.	
CITY-ST-ZIP	Rotonda West, FL 33947	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn Lawton	
STREET ADDRESS	6991 Beardsley	
CITY-ST-ZIP	Englewood, FL 34224	
TITLE	ER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Roach	
STREET ADDRESS	138 Mark Twain Lane	
CITY-ST-ZIP	Rotonda West, FL 33947	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smythe, John	
STREET ADDRESS	6650 David Blvd.	
CITY-ST-ZIP	Pt. Charlotte, FL 33981	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Minton, Charles	
STREET ADDRESS	15668 Ruston Circle	
CITY-ST-ZIP	Pt.Charlotte, FL 33981	
TITLE		<input type="checkbox"/> Change <input checked="" 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: *John C. Aber* **REQUIRE** John C. Aber, Secretary Feb. 24, 2000 697-2708  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)