2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # N13786** Jan 23, 2002 8:00 am Secretary of State 1. Entity Name ROTONDA ELKS, #2710, INC. 01-23-2002 90044 012 ****61.25 Principal Place of Business Mailing Address 303 ROTUNDA BLVD. EAST 303 ROTUNDA BLVD. EAST ROTUNDA WEST FL 33947 ROTUNDA WEST FL 33947 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2695411 Not Applicable Zip Country Country Zip \$8.75 Additional Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ABER, JOHN C. KOTONOM BLUD, EAST 4155 CAPE HAZE DR PLACIDA FL 33946 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change Addition MC NAMARA, ROBERT NAME NAME 33 PARVIEWO RD. STREET ADDRESS STREET ADDRESS **ROTONDA WEST FL 33947** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition LAWTON, CAROLYN NAME NAME 6991 BEARDSLEY STREET ADDRESS STREET ADDRESS **ENGLEWOOD FL 34224** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE 303 RUTONDA BLOOK RAST ROACH, GEORGE NAME NAME 138 MARK TWAIN LANE STREET ADDRESS STREET ADDRESS **ROTONDA WEST FL 33947** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition SMYTHE, JOHN NAME NAME 6650 DAVID BLVD STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33981 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MINTON, CHARLES NAME NAME 15668 RUSTON CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33981 CITY-ST-ZIP Delete TITLE . Change Addition TOWNSEND, JOEL NAME 4654 ARLINGTON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLACIDA FL 33946 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.