

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90189 013 ****61.25

DOCUMENT # N14209

1. Entity Name

**PERRY LODGE, NO. 1851, BENEVOLENT AND PROTECTIVE
ORDER OF ELKS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**305 PUCKETT ROAD
P.O. BOX 986
PERRY FL 32348
US**

**305 PUCKETT ROAD
P.O. BOX 986
PERRY FL 32348
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

59-0948317

Applied For

Not Applicable

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

**JOYAL, CHARLES R
305 PUCKETT ROAD
PERRY FL 32348**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles R Joyal

Charles R Joyal

7-9-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**

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 ☐ Delete
NAME **D**
STREET ADDRESS **YOUNG, ERVIN**
CITY-ST-ZIP **ROUTE 5 BOX 403
PERRY FL 32347**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **TODD, THOMAS W**
CITY-ST-ZIP **ROUTE 5 BOX 246
PERRY FL 32347**

TITLE ☒ Change ☐ Addition
NAME **David Lloyd**
STREET ADDRESS **1205 Carter St**
CITY-ST-ZIP **Perry, FL 32349**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **AGNER, RAY D.**
CITY-ST-ZIP **ROUTE 4, BOX 528 3435 GREEN FARM RD
PERRY FL**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **JONES, KYLE G.**
CITY-ST-ZIP **P O BOX 696
SHADY GROVE FL 32357**

TITLE ☒ Change ☐ Addition
NAME **Richard Cruce**
STREET ADDRESS **PO Box 696**
CITY-ST-ZIP **Shady Grove, FL 32357**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Charles R Joyal

7-9-02

850-223-3952

CR2E037 (4/02)