

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-29-2001 90017 049 ****61.25

DOCUMENT # N21323

1. Entity Name

FLORIDA ELKS CHARITIES, INC.

Principal Place of Business

Mailing Address

C/O FRANK D. WILLIS, JR.
 635 UMATILLA BLVD.
 UMATILLA FL 32784

P O BOX 49
 UMATILLA FL 32784-0049
 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

59-2825884

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

WILLIS, FRANK D JR.
 635 UMATILLA BLVD.
 UMATILLA FL 32784

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

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	VERGASON, DAVID E	
STREET ADDRESS	108 81ST STREET E.	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, BEN S JR	
STREET ADDRESS	215 LAKEVIEW ST	
CITY-ST-ZIP	UMATILLA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIS, FRANK D JR.	
STREET ADDRESS	635 UMATILLA BLVD	
CITY-ST-ZIP	UMATILLA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HENLEY, WM. LARRY	
STREET ADDRESS	3439 MERRIMAC DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINIANNI, GEORGE	
STREET ADDRESS	142 FOSTER LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOLANA, JAMES L	
STREET ADDRESS	21 OLD MISSION AVENUE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
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, is 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-01

Date

(352) 669-2241

Daytime Phone #

CR2E037 (10/00)