

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90127 042 ****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

C/O FRANK D. WILLIS, JR.

2. Principal Place of Business

3. Mailing Address

24175 SE Hwy 450

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

UMATILLA FL

Zip **32784**

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)

24175 SE Hwy 450

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

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 **D** ☐ Delete
 NAME **VERGASON, DAVID E**
 STREET ADDRESS **108 61ST STREET E.**
 CITY-ST-ZIP **PALMETTO FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **34221 - 9351**

TITLE **D** ☐ Delete
 NAME **BROWN, BEN S JR**
 STREET ADDRESS **215 LAKEVIEW ST**
 CITY-ST-ZIP **UMATILLA FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32784**

TITLE **S** ☐ Delete
 NAME **WILLIS, FRANK D JR.**
 STREET ADDRESS **635 UMATILLA BLVD**
 CITY-ST-ZIP **UMATILLA FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **24175 SE Hwy 450**
 CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE **PD** ☐ Delete
 NAME **HENLEY, WM. LARRY**
 STREET ADDRESS **3439 MERRIMAC DR**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32312**

TITLE **D** ☐ Delete
 NAME **DOMINIANNI, GEORGE**
 STREET ADDRESS **142 FOSTER LANE**
 CITY-ST-ZIP **PALM COAST FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32137**

TITLE **VD** ☐ Delete
 NAME **SOLANA, JAMES L**
 STREET ADDRESS **21 OLD MISSION AVENUE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

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 an officer like empowered.

SIGNATURE:

Frank D. Willis, Jr.

7/25/02

(352) 669-2241

CR2E037 (4/02)