

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91551 049 ****61.25

DOCUMENT # N25285

1. Entity Name

ELKS LODGE NO. 2730, BENEVOLENT AND PROTECTIVE O

Principal Place of Business

Mailing Address

7655 S.E. HWY. 25
P.O. BOX 3100
BELLEVIEW FL 34421
US

7655 S.E. HWY. 25
P.O. BOX 3100
BELLEVIEW FL 34421
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

59-2767697

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

THOMPSON, ANDREW A
15 SPRING LANE WAY
OCALA FL 34472

Name

William A. Carter

Street Address (P.O. Box Number is Not Acceptable)

4311 SE 44 Street

City

Ocala,

FL

Zip Code
34480

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.

SECRETARY

(NOTE: Registered Agent signature required when reinstating)

5/15/1

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 NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, HARRY A. 220 GLENNEAGLES RD OCALA FL 34472	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASALE, PHIL 8970 SE 88 STREET OCALA FL 34472	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMLIN, JAMES 6413 D LAKEWOOD DR OCALA FL 34472	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, WILLIAM A 4311 SE 44 ST OCALA FL 34480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESTCOTT, ROBERT 9894 SE 110 ST RD BELLEVIEW FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, MARQUETTE 2828 NE 49 AVE #89 OCALA FL 34470	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Norman, Louisa 2805 SE 110th Street Ocala, FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Graf, Charles 8 Silver Trail Ocala, FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Signature Required

5/15/1 352-307-5760

CR2E037 (10/00)

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DO NOT WRITE IN THIS SPACE