2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91505 029 ****61.25

37273

DO NOT WRITE IN THIS SPACE

DOCUMENT # N25285

1. Entity Name

ELKS LODGE NO. 2730, BENEVOLENT AND PROTECTIVE O RDER OF ELKS OF THE UNITED STATES OF AMERICA INC

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
CARTER, WILLIAM A 4311 SE 44 STREET OCALA FL 34480	Name: THOMAS GLEASON Street Address (P.O. Box Number is Not Acceptable): 6894 B DOLLYMOUNT DR. OCALA, FL 34472 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 Thomas H Gleason — June 12-2002 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: P NAME: NORMAN, LOUISA STREET ADDRESS: 2805 SE 110TH STREET CITY-ST-ZIP: OCALA FL 34480	☒ Delete	TITLE: P NAME: BRUCE HENRY STREET ADDRESS: 16583 SE 96th CT CITY-ST-ZIP: SUMMERFIELD, FL 34491	☒ Change ☐ Addition
TITLE: D NAME: CASALE, PHIL STREET ADDRESS: 8970 SE 88 STREET CITY-ST-ZIP: OCALA FL 34472	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: GRAF, CHARLES STREET ADDRESS: 8 SILVER TRAIL CITY-ST-ZIP: OCALA FL 34472	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: S NAME: CARTER, WILLIAM A STREET ADDRESS: 4311 SE 44 ST CITY-ST-ZIP: OCALA FL 34480	☒ Delete	TITLE: S NAME: THOMAS GLEASON STREET ADDRESS: 6894 B DOLLYMOUNT DR CITY-ST-ZIP: OCALA, FL 34472	☐ Change ☐ Addition
TITLE: D NAME: WESTCOTT, ROBERT STREET ADDRESS: 9894 SE 110 ST RD CITY-ST-ZIP: BELLEVIEW FL	☒ Delete	TITLE: D NAME: WAYNE REFFNER STREET ADDRESS: 2401 SE 17 CIR CITY-ST-ZIP: OCALA, FL 34471	☒ Change ☐ Addition
TITLE: D NAME: NEAL, MARQUETTE STREET ADDRESS: 2828 NE 49 AVE #89 CITY-ST-ZIP: OCALA FL 34470	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E037 (9/01)

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: Thomas H Gleason SIGNATURE REQUIRED — MAY — 352-245-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #