# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 28, 2002 8:00 am**
**Secretary of State**
05-28-2002 91750 048 ****61.25

DOCUMENT # N48337

1. Entity Name

PALM BAY LODGE NUMBER 2766 OF THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES A

| Principal Place of Business | Mailing Address |
|---|---|
| 1155 MALABAR RD<br>SUITES 1 AND 2<br>PALM BAY FL 32907 | PO BOX 100046<br>PALM BAY FL 32910<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-3093089 ☐ 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 |
|---|---|
| CASALE, ROBERT<br>750 HUROLE AVE NE<br>PALM BAY FL 33907 | Name: CONKLIN, CARL F.<br>Street Address (P.O. Box Number is Not Acceptable): 2470 HUNTER LANE<br>City: MALABAR FL Zip Code: 32950-3565 |

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: Carl F. Conklin CARL F. CONKLIN, PRESIDENT 4-2-2002
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>DUPRAS, WILLIAM J<br>1191 GREENVIEW CT NE<br>PALM BAY FL 32907 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>LYNDE, SHARON-ANN<br>189 FRANTE AVE NE<br>PALM BAY, FL 32907-3140 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CASALE, ROBERT<br>750 HUROLE AVE NE<br>PALM BAY FL 32907 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CONKLIN, CARL F.<br>2470 HUNTER LANE<br>MALABAR, FL 32950-3565 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DAVIS, JOHN<br>2470 HUNTER LANE<br>MALABAR FL 32950 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PETERS, PEGGY<br>486 WARD AVE SW<br>PALM BAY, FL 32908-3509 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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:** Carl F. Conklin CARL F. CONKLIN, PRESIDENT 4-2-2002 321-951-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #