

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000015

1. Entity Name

ARCADIA LODGE, NUMBER 1524, BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMER

Principal Place of Business

Mailing Address

1028 WEST OAK STREET
ARCADIA FL

1028 WEST OAK STREET
ARCADIA FL

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

65-0478967

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

KEENE, KEITH
615 W. EFFIE STREET
ARCADIA FL 34266

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	ALLEN, ROBERT	
STREET ADDRESS	P.O. BOX 1269	
CITY-ST-ZIP	ARCADIA FL 34265	
TITLE	T	<input type="checkbox"/> Delete
NAME	VICKERS, DEBBIE	
STREET ADDRESS	34 GLENDORA CT	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGES, RICK	
STREET ADDRESS	63 RIO VISTA RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAUSE, CARL	
STREET ADDRESS	2462 SW THIGPEN AVE.	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEENE, KEITH	
STREET ADDRESS	615 WEST EFFIE STREET	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, BRIAN T	
STREET ADDRESS	3662 N.W. CNTY RD. 661	
CITY-ST-ZIP	ARCADIA FL	

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	
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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

863-993-4604

Daytime Phone #

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91791 035 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)