

2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # N94000004290

1. Entity Name

J.A. NOTTAGE ELK LODGE #660, NOTTAGE ELK TEMPLE #

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-22-2000 90075 038 ****61.25

Principal Place of Business

Mailing Address

828 MOODY ROAD
PALATKA FL 32177

POST OFFICE BOX 1233
PALATKA FL 32178-1233

2. Principal Place of Business

3. Mailing Address

P.O. Box 1056

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

East Palatka, FL

Zip

Country

Zip

Country

32131

U.S.

4. FEI Number

59-3297923

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

CUNNINGHAM, ERNESTINE
1000 OLD GAINESVILLE HWY
INTERLACHEN FL 32148

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 DT
NAME HERLONG, JAMES
STREET ADDRESS POST OFFICE BOX 22 N/A
CITY-ST-ZIP POMONA PARK FL 32181

☒ Delete

TITLE D
NAME BARNER, WILSON
STREET ADDRESS 411 NORTH 14TH STREET
CITY-ST-ZIP PALATKA FL 32177

☐ Delete

TITLE D
NAME CUNNINGHAM, ERNESTINE
STREET ADDRESS RTE. 3 BOX 161
CITY-ST-ZIP INTERLACHEN FL 32148

☐ Delete

TITLE S
NAME ANDERSON, GENEVA
STREET ADDRESS 828 MOODY ROAD
CITY-ST-ZIP PALATKA FL 32177

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE DT
NAME Holmes, Juanita
STREET ADDRESS 2309 N.E. 57th Blvd.
CITY-ST-ZIP Gainesville, FL 32609

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME Sylvia Cooper
STREET ADDRESS 1800 Ocean Street
CITY-ST-ZIP Palatka, FL 32177

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Ernestine Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00

904-684-4123

CR2E037 (9/99)