

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90092 016 \*\*\*\*61.25

**DOCUMENT # N98000002045**

1. Entity Name

**LADIES OF THE ELK #2596, INC.**



Principal Place of Business

4631 S.E. 10TH PLACE  
 CAPE CORAL FL 33904

Mailing Address

4631 S.E. 10TH PLACE  
 CAPE CORAL FL 33904

80133033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2221474**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

COIT, BETTE M  
 3511 SE 2ND PL  
 CAPE CORAL FL 33904

Name **Linda B. Futral**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1417 Windsor Ct**

City **Cape Coral** FL Zip Code **33904**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
 min. will be \$236.25.

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 PD  
 NAME DERESH, CAROL A  
 STREET ADDRESS 3530 SABAL SPRINGS BLVD  
 CITY-ST-ZIP N. FT MYERS FL 33917 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
 NAME FUTRAL, LINDA B  
 STREET ADDRESS 1417 WINDSOR COURT  
 CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
 NAME BORCHERDING, JUDY  
 STREET ADDRESS 3902 S.W. 1ST PLACE  
 CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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:

**Linda B. Futral, President L.O.E.** 7-23-02 239-544-1508

CR2E037 (4/02)