

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90321 005 \*\*\*\*61.25

**DOCUMENT # 707983**

1. Entity Name

**MERRITT ISLAND LODGE NO. 2073 LOYAL ORDER OF MOOSE, INC.**

Principal Place of Business

Mailing Address

**3150 N COURTENAY PKWY.. 1 MOOSE LANE  
P.O. BOX 540333  
MERRITT ISLAND FL 32954-7333**

**3150 N COURTENAY PKWY.. 1 MOOSE LANE  
P.O. BOX 540333  
MERRITT ISLAND FL 32954-7333**

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

**59-1112621**

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

**LEXIS DOCUMENT SERVICES INC.  
3953 WW KELLEY ROAD  
TALLAHASSEE FL 32311**

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 **T** ☐ Delete  
NAME **WILTSHIRE, DENNIS**  
STREET ADDRESS **5725 JOSEPH CT.**  
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **TRUSTEE** ☒ Change ☐ Addition  
NAME **MECKS, ROBERT L.**  
STREET ADDRESS **1870 MONTEREY AVE.**  
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **A** ☐ Delete  
NAME **JEWETT, FRED O**  
STREET ADDRESS **2315 CHASE HAMMOCK RD**  
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **TRUSTEE** ☒ Change ☐ Addition  
NAME **MATHEWSON, RICHARD**  
STREET ADDRESS **2020 N. ATLANTIC AVE. #604S**  
CITY-ST-ZIP **COCOA BEACH, FL. 32931**

TITLE **T** ☒ Delete  
NAME **KRUPCZAK, MICHAEL**  
STREET ADDRESS **410 GAILS WAY**  
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **TRUSTEE** ☒ Change ☐ Addition  
NAME **FINFROCK, DONALD**  
STREET ADDRESS **2750 PAINTREE LAKE**  
CITY-ST-ZIP **MERRITT ISLAND, FL. 32953**

TITLE **T** ☒ Delete  
NAME **EBERSOLE, RAYMOND**  
STREET ADDRESS **995 CARDON DR**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE **T** ☒ Delete  
NAME **SCHWARTZ, ANDREW**  
STREET ADDRESS **3012 SEA GATE CR**  
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**FRED JEWETT, ADMINISTRATOR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/21/02 321-452-8383**

CR2E037 (9/01)