

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90009 017 \*\*\*\*61.25

**DOCUMENT # 710187**

1. Entity Name

**STUART LODGE NO 1282, LOYAL ORDER OF MOOSE, INC.**

Principal Place of Business <b>2454 SE INDIAN AVENUE P.O. BOX 506 STUART FL 34995</b>	Mailing Address <b>2454 SE INDIAN AVENUE P.O. BOX 506 STUART FL 34995-0506</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>23-7161400</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BEAUREGARD, WILLIAM F  
4606 S.E. BINNACLE WAY  
#6  
STUART FL 34997**

**7. Name and Address of New Registered Agent**

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.

**Administrator Wm. Beauregard  
Stuart Moose #1282  
P.O. Box 506  
Stuart, FL 34995**

SIGNATURE: *William F. Beauregard* DATE: **01/17/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT TAYLOR, THOMAS 1950 PALM CITY RD, #104 #1104 STUART FL 34994</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GD SMITH, JAMES H 8050 SE RIVER LN STUART FL 34994</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GD CAULTON, WILLIAM 5000 SE FEDERAL HWY, LOT 102 STUART FL 34997</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GD NEFF, GLENN O 2908 AMHURST STREET STUART FL 34997</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DIBENTEDETTO, ANDREW 2944 SE INDIAN ST STUART FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b># 1104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JR PAST GOVERNOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STAN FLEMING</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. BOX 632 PORT SALERNO, FL 34992 GOVERNOR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRELATE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MARTY ELLS 327 DRYER DR. STUART FL 34997</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JR GOVERNOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PAUL PIATTI 2183 NE MARLBERRY LN JENSEN BEACH FL 34957</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes, and 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. 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 the information appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William F. Beauregard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**P.O. Box 506  
Stuart, FL 34995**  
 561 287-2400  
 Date Daytime Phone #