

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/11

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90077 047 \*\*\*\*61.25

**DOCUMENT # 710187**

1. Entity Name

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



Principal Place of Business 2454 SE INDIAN AVENUE P.O. BOX 506 STUART FL 34995		Mailing Address 2454 SE INDIAN AVENUE P.O. BOX 506 STUART FL 34995	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-7161400		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			



DO NOT WRITE IN THIS SPACE

6- Name and Address of Current Registered Agent <b>Administrator</b> 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) <b>8500 SE EAGLE AVE</b> City <b>HOBE SOUND</b> FL Zip Code <b>33955</b>	
---	--	--	--

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 William F. Beauregard DATE JAN 06, 2001

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. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> TAYLOR, THOMAS 1950 PALM CITY RD #1104 STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRELATE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GD</b> SMITH, JAMES H 8050 SE RIVER LN STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GD</b> FLEMING, STAN PO BOX 632 PORT SALERNO FL 34492 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GOVERNOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> EILS, MARTY 327 DRYER DR STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUNOR GOVERNOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>G</b> PIATTI, PAUL 2183 NE MARLBERRY LN JENSEN BEACH FL 34957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JR PAST GOVERNOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARION SNOW 2329 NW BOGANVILLE AVE STUART FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICENT D AMICO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6751 SE RAINTREE AVE STUART FL 34999

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: William F. Beauregard DATE 1/6/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)