

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90031 032 ****61.25

1882720

DOCUMENT # 711455
 1. Entity Name
GOLDEN TRIANGLE LODGE NO. 874, LOYAL ORDER OF MO

Principal Place of Business 1901 TITCOMB ST P O BOX 1370 EUSTIS FL 32727-8370	Mailing Address 1901 TITCOMB ST P O BOX 1370 EUSTIS FL 32727-8370
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DO NOT WRITE IN THIS SPACE

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 59-1278267	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

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.
 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME GD KOHLER, ELLWOOD STREET ADDRESS 51 LATTICE DR CITY-ST-ZIP LEESBURG FL 34788	<input checked="" type="checkbox"/> Delete
TITLE NAME SD BRANDON, JAMES STREET ADDRESS 20 BAHIA WAY CITY-ST-ZIP LEESBURG FL 34778	<input type="checkbox"/> Delete
TITLE NAME TDG HAWK, EUGENE STREET ADDRESS 900 EDGEWATER DR CITY-ST-ZIP EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete
TITLE NAME PD MANNS, PUAL STREET ADDRESS 808 EDGEWATER DR CITY-ST-ZIP EUSTIS FL 32726	<input checked="" type="checkbox"/> Delete
TITLE NAME TD OLSON, MELVIN STREET ADDRESS 89 SOUTH PINE AVE CITY-ST-ZIP UMATILLA FL 32784	<input checked="" type="checkbox"/> Delete
TITLE NAME T RICKE, JERRY STREET ADDRESS 1307 E 5TH AVE. CITY-ST-ZIP MOUNT DORA FL 32757	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME GD DONALD L. HARDSAW SR. STREET ADDRESS P.O. BOX 1265 CITY-ST-ZIP EUSTIS, FL 32737-1265	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TDG RICHARD H. ANTHONY STREET ADDRESS 806 DORA AVE. CITY-ST-ZIP TAVARES, FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD TIMOTHY A. CISCH STREET ADDRESS 422 PEACE RD. CITY-ST-ZIP TAVARES, FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD JAMES G. FREEMAN STREET ADDRESS 5073 MARTINGALE LANE CITY-ST-ZIP APOPKA, FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T RICHARD F. MATTHIESEN STREET ADDRESS 1918 SYCAMORE CIRCLE CITY-ST-ZIP TAVARES, FL 32778	<input checked="" 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)(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: James Brandon **4/17/01** **352-357-5897**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)