

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90390 025 \*\*\*\*61.25

**DOCUMENT # 715372**

1. Entity Name

**FORT WALTON BEACH LODGE NO. 2193, LOYAL ORDER OF**

Principal Place of Business

Mailing Address

187 G GREEN ACRES ROAD  
 P.O. BOX 1733  
 FT. WALTON BEACH FL 32549

187 G GREEN ACRES ROAD  
 P.O. BOX 1733  
 FT. WALTON BEACH FL 32549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1361953**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



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	D	<input checked="" type="checkbox"/> Delete
NAME	MACKS, EARNEST	
STREET ADDRESS	813 WESTWOOD DR.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	G	<input checked="" type="checkbox"/> Delete
NAME	MONTPETIT, WALTER	
STREET ADDRESS	636 MERIONETH DR NE	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUSTON, TERENCE	
STREET ADDRESS	106 FERRY RD	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCKINSTRY, JOHN	
STREET ADDRESS	216 LANG RD	
CITY-ST-ZIP	FT. WALTON BEACH FL 3254	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARMON, LEBRON	
STREET ADDRESS	710 LEGION DR I-4	
CITY-ST-ZIP	DESTIN FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SHIPMAN, HENRY	
STREET ADDRESS	1819 HEARTLAND DR	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	

TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James P. Robinson	
STREET ADDRESS	22 10th ST	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZACHIE R. Smith	
STREET ADDRESS	303 Willow CT	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY J. SHIPMAN	
STREET ADDRESS	1819 HEARTLAND DR	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCHIBALD Heller	
STREET ADDRESS	501 VINCENT AVE	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis MILLER	
STREET ADDRESS	1006 CREEK ST	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	
TITLE	D/Trustee	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES C. HALL	
STREET ADDRESS	326 CARMEN DR #43	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	

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 officers empowered.

SIGNATURE: *Henry J. Shipman* **SHIPMAN**

30 April (850) 962-7698

CR2E037 (10/00)