

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90116 010 \*\*\*\*61.25

**DOCUMENT # 720571**

1. Entity Name

**CLEARWATER LODGE NO. 1525, BENEVOLENT AND PROTEC**

Principal Place of Business

Mailing Address

2750 SUNSET POINT RD.  
CLEARWATER FL 33759

2750 SUNSET POINT RD.  
CLEARWATER FL 33759

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

**59-2321977**

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

**MILLER, DON**  
**2020 WORLD PARKWAY BLVD., #34**  
**CLEARWATER FL 33763**

Name **Richard Green**

Street Address (P.O. Box Number is Not Acceptable)  
**445 Meadowlark Ln**

City **Palm Harbor**

**FL**

Zip Code  
**34683**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, DON</b> <b>2020 WORLD PARKWAY, #34</b> <b>CLEARWATER FL 33763</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAGNESSUN, RON</b> <b>2022 WORLD PARKWAY, #4</b> <b>CLEARWATER FL 33763</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MATTERS, FRANK</b> <b>2075 ETON DR.</b> <b>CLEARWATER FL 33763-4148</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KREMHELMER, CHARLES</b> <b>156 SUNSHINE DR.</b> <b>PALM HARBOR FL 34684</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KUHN, HELENA</b> <b>2358 EQUADORIAN WAY, #62</b> <b>CLEARWATER FL 33763</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LEMACHE, SCOTT</b> <b>2981 BAXTER CT.</b> <b>CLEARWATER FL 33761</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Richard Green</b> <b>445 Meadowlark Ln</b> <b>Palm Harbor FL 34683</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Danny Hayes</b> <b>417 N Hercules Rd</b> <b>Clearwater, FL 33765</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Roderick Mac Innis</b> <b>3021 SR 590 #405</b> <b>Clearwater, FL 33759</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>John Devine</b> <b>2265 S. Lagoon Cir</b> <b>Clearwater FL 33765</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Suzanne Anis</b> <b>1485 Hakey Dr #102</b> <b>Dunedin FL 34698</b>	<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)(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:

**SIGNATURE REQUIRED**  
**John Devine**

1-20-01

727-796-4024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)