2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **723908** Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** LEHIGH ACRES LODGE NO. 2266 LOYAL ORDER OF MOOSE 01-24-2000 90001 043 ****61.25 Principal Place of Business Mailing Address 210 HOMESTEAD ROAD 210 HOMESTEAD ROAD LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936-7610 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 23-7520375 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32301 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. П Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, PD ☐ Channe ☐ Addition TITLE ☐ Delete TITLE KERNER, CARL F. NAME NAME STREET ADDRESS 1313 ROOSEVELT DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lehigh Acres FL 33936 GOVERNO F Change ☐ Addition Celete TITLE TITLE Daniel Giles HAMILTON, HOWARD NAME 29 Green WOOD AVE. STREET ADDRESS 2100 LAURA LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF LEHIGH ACRES FL Lehigh Acres Change Addition TITLE TR ☐ Delete TITLE VINER, STANLEY NAME STREET ADDRESS STREET ADDRESS 1513 HONOR CT CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL 33971 Treasurcr Change Addition TITLE TITLE Delete JOHNSON, NORM DONALD SUTER NAME NAME Po. Jox 523 STREET ADDRESS STREET ADDRESS 502 NORIDGE DR. CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL 33936 <u>ALVA,</u> Trustee **X** Change ☐ Addition TITLE TITLE Delete NAME ROSCOE CORNWELL GALLAGHER, JOHN NAME 210 Tefferson Dr. STREET ADDRESS STREET ADDRESS **422 GREENWOOD AVE** 33936 CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME HOPPER, HENRY NAME STREET ADDRESS STREET ADDRESS 311 DRTMOUTH RD CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL 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.