

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-16-2001 90049 016 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724213

1. Entity Name

ZEPHYRHILLS LODGE NO-2276, LOYAL ORDER OF MOOSE,

Principal Place of Business 3211 GALL BLVD. ZEPHYRHILLS FL 33541-6879	Mailing Address 3211 GALL BLVD. ZEPHYRHILLS FL 33541-6879
---	---

6959



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 59-1406036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32301**

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 _____ (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
-------------------------------------	---	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, DONALD 3116 BLUE LAGOON DR ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRT, ARTHUR B 3330 OSAGE DR ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VESSELS, WILLIAM J 37530 CARIBBEAN DR ZEPHYRHILLS FL 33541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISKUS, WILLIAM R SR 4416 CLAY ST ZEPHYRHILLS FL 33540 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIHLER, HARRY 6305 N FLETCHER RD PLANT CITY FL 33565 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDENSOPH, JEFFREY 36834 COLEMAN AVE DADE CITY FL 33525 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ken Downing 3224 Blue Lagoon Drive Zephyrhills <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Martin Draper 35025 Chancey Road Zephyrhills, FL 33541 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S David Flood 38324 12th Ave Zephyrhills, FL 33540 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Earl Stranhan 4936 Lamar Drive Zephyrhills, FL 33541 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Sanders 38020 10th Ave Zephyrhills, FL 33541 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jimmie Marvel 38152 Amber Ave Zephyrhills, FL 33540 <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** _____ Date: **6/6/01** Daytime Phone #: **813 7821771**

CR2E037 (10/00)