

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90089 044 ****61.25

DOCUMENT # 726109

1. Entity Name

RUSKIN LODGE #813, LOYAL ORDER OF MOOSE INC

Principal Place of Business

Mailing Address

**1212 E SHELLPOINT ROAD
 RUSKIN FL 33570-5004
 US**

**P.O. BOX 38
 RUSKIN FL 33570-5004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7249873

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 **DT** ☒ Delete
 NAME **COOPER, FRANK J**
 STREET ADDRESS **2510 SHELL POINT RD. W.**
 CITY-ST-ZIP **RUSKIN FL**

TITLE **Robert Russell** ☐ Change ☒ Addition
 NAME **12500 Mcmullen Loop # 520**
 STREET ADDRESS **Riverview FL 33569-4736**
 CITY-ST-ZIP

TITLE **DT** ☐ Delete
 NAME **BADGEROW, GUS**
 STREET ADDRESS **412 E COLLEGE AVENUE**
 CITY-ST-ZIP **RUSKIN FL 33570**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☒ Delete
 NAME **BRADLEY, CHARLES**
 STREET ADDRESS **203 17TH ST NW**
 CITY-ST-ZIP **RUSKIN FL 33570**

TITLE **Valentino Romagnoli** ☐ Change ☒ Addition
 NAME **606 Manatee Dr S.W**
 STREET ADDRESS **Ruskin FL 33570**
 CITY-ST-ZIP

TITLE **ADM** ☒ Delete
 NAME **MORRISON, HOMER**
 STREET ADDRESS **631 LAJOLLA AVENUE**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **Ralph Jones** ☐ Change ☒ Addition
 NAME **1202 Fordham Dr**
 STREET ADDRESS **Sun City Center FL 33573**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-02

Date

813-645-5919

Daytime Phone #

CR2E037 (9/01)