

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91210 023 ****61.25

DOCUMENT # 726109

1. Entity Name

RUSKIN LODGE #813, LOYAL ORDER OF MOOSE INC



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **23-7249873**

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☒ Delete
NAME **RUSSELL, ROBERT**
STREET ADDRESS **12500 MCMULLEN LOOP #520**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **DT** ☒ Change ☒ Addition
NAME **FRANK Cooper**
STREET ADDRESS **2510 W. Shellpoint Rd # 27**
CITY-ST-ZIP **Ruskin FL 33570**

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

TITLE **DT** ☒ Change ☒ Addition
NAME **Lance Lanier**
STREET ADDRESS **1219 Sweeney Dr**
CITY-ST-ZIP **Ruskin FL 33570**

TITLE **DT** ☒ Delete
NAME **ROMAGNOLI, VALENTINO**
STREET ADDRESS **606 MANATEE DR. SW**
CITY-ST-ZIP **RUSKIN FL 33570**

TITLE **DT** ☐ Change ☒ Addition
NAME **Milton Clark**
STREET ADDRESS **310 3rd St NW**
CITY-ST-ZIP **Ruskin FL 33570**

TITLE **ADM** ☒ Delete
NAME **JONES, RALPH**
STREET ADDRESS **1202 FORDHAM DRIVE**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **ADM** ☐ Change ☒ Addition
NAME **Richard Cordle**
STREET ADDRESS **909 8th Ave. S.W**
CITY-ST-ZIP **Ruskin FL 33570**

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**

4/15/03

813-645 5919

CR2E037 (10/02)