

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90001 011 \*\*\*\*61.25

**DOCUMENT # 727218**

1. Entity Name

**ARCADIA LODGE NO. 1327, LOYAL ORDER OF MOOSE, IN**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1121 W. OAK ST.  
 ARCADIA FL 34266

1121 W. OAK ST.  
 ARCADIA FL 34266-3373

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7185233**

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	<b>A</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANDEL, ANDY</b>	
STREET ADDRESS	<b>4597 NW HIGHLAND ST.</b>	
CITY-ST-ZIP	<b>ARCADIA FL</b>	
TITLE	<b>JRG</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHITE, ED</b>	
STREET ADDRESS	<b>6874 SW MIAMI AVE.</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE	<b>TTR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRORGES, RICK SR</b>	
STREET ADDRESS	<b>63 RIO VISTA DR.</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, HAROLD</b>	
STREET ADDRESS	<b>2346 NW HOWARD AVE</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE	<b>G</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>YUSKO, STEVE</b>	
STREET ADDRESS	<b>5905 NE HWY 17, LOT 299</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, RICHARD</b>	
STREET ADDRESS	<b>262 HIGHWAY 70 LOT 356</b>	
CITY-ST-ZIP	<b>ARCADIA FL</b>	

TITLE	<b>A</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHARLES HUNTSMAN</b>	
STREET ADDRESS	<b>128 OAK MEADOW LN.</b>	
CITY-ST-ZIP	<b>WAUCHULA, FL 33873-4476</b>	
TITLE	<b>JRG</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICK GEORGES</b>	
STREET ADDRESS	<b>63 RIO VISTA DR.</b>	
CITY-ST-ZIP	<b>ARCADIA, FL 34266</b>	
TITLE	<b>TTR</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DANNY SNOW</b>	
STREET ADDRESS	<b>722 E. OAK ST.</b>	
CITY-ST-ZIP	<b>ARCADIA, FL 34266</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RON BLAIR</b>	
STREET ADDRESS	<b>1177 SE 7TH AVE.</b>	
CITY-ST-ZIP	<b>ARCADIA, FL 34266</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles Huntzman* **01-06-00** **863-494-4882**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)