

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90311 050 ****61.25

DOCUMENT # 727218

1. Entity Name

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

Principal Place of Business

Mailing Address

1121 W. OAK ST.
 ARCADIA FL 34266

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 ARCADIA FL 34266

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



DO NOT WRITE IN THIS SPACE

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	A	<input checked="" type="checkbox"/> Delete
NAME	HUNTSMAN, CHARLES	
STREET ADDRESS	128 OAK MEADOW LN	
CITY-ST-ZIP	WAUCHULA FL 33873-4476	
TITLE	JRG	<input checked="" type="checkbox"/> Delete
NAME	GEORGES, RICK	
STREET ADDRESS	63 RIO VISTA DR	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TTR	<input checked="" type="checkbox"/> Delete
NAME	SNOW, DANNY	
STREET ADDRESS	722 E. OAK ST	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, HAROLD	
STREET ADDRESS	2346 NW HOWARD AVE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BLAIR, RON	
STREET ADDRESS	1177 SE 7TH AVE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HILL, RICHARD	
STREET ADDRESS	282 HIGHWAY 70 LOT 358	
CITY-ST-ZIP	ARCADIA FL	

TITLE	A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDY ANDEL	
STREET ADDRESS	4597 N.W. HIGH LANDS	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	JRG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE MORRISON	
STREET ADDRESS	424 N. 15th Ave.	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	TTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICK GEORGES	
STREET ADDRESS	63 RIO VISTA DR.	
CITY-ST-ZIP	ARCADIA, FL. 34266	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUY CRITES	
STREET ADDRESS	3402 S.E. MONTGOMRY CR.	
CITY-ST-ZIP	ARCADIA, FL. 34266	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRIN HALSEY	
STREET ADDRESS	4596 N.W. HIGH LANDS	
CITY-ST-ZIP	ARCADIA, FL 34266	
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: *ANDY ANDEL* **SIGNATURE REQUIRED** *ANDY ANDEL* **1/7/02** *863-494-4882*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)