

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90883 043 \*\*\*\*61.25

**DOCUMENT # 729563**

1. Entity Name

**LARGO MOOSE LODGE NO. 2205 LOYAL ORDER OF MOOSE, INC.**

Principal Place of Business

Mailing Address

11616 87TH STREET NORTH  
 LARGO FL 33773-4905  
 US

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 LARGO FL 33773-4905  
 US

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

**23-7327002**

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 32311**

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>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOORHOUSE, JOSEPH C</b>	
STREET ADDRESS	<b>91528 78TH PLACE NORTH</b>	
CITY-ST-ZIP	<b>LARGO FL 33777-4010</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>TITUS, WARREN A</b>	
STREET ADDRESS	<b>8160 83RD</b>	
CITY-ST-ZIP	<b>LARGO FL 33777-3629</b>	
TITLE	<b>MSD</b>	<input type="checkbox"/> Delete
NAME	<b>SHELDON, THOMAS H</b>	
STREET ADDRESS	<b>P.O. BOX 530415</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33747</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WOOD, JOHN R</b>	
STREET ADDRESS	<b>6580 SEMINOLE BLVD #751</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WOLFE, DANIEL</b>	
STREET ADDRESS	<b>1474 PLATEAU ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RICHARDS, PIERCE D</b>	
STREET ADDRESS	<b>9780 660TH ST N, LOT 207</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782-2805</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John G. Bearkopf Jr.</b>	
STREET ADDRESS	<b>558 6th Ave. S.</b>	
CITY-ST-ZIP	<b>LARGO, FL 33771-2136</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOW MICHAEL</b>	
STREET ADDRESS	<b>12100 Seminole Blvd lot 132</b>	
CITY-ST-ZIP	<b>LARGO FL 33778-2818</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VINCENT R. KUCERA</b>	
STREET ADDRESS	<b>13787 94th Ave.</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33776-1357</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Skip Comfield</b>	
STREET ADDRESS	<b>702 63rd St. S.</b>	
CITY-ST-ZIP	<b>GUARDPORT, FL 33707</b>	

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:

*Thomas H. Sheldon* **THOMAS H. SHELDON** 4/16/02 727-328-2996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)