

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733504

1. Entity Name

PRIDE OF SAINT LUCIE LODGE #1189, IBPOE OF W, IN

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90047 015 ****61.25

Principal Place of Business 2408 AVENUE M FORT PIERCE FL 34954-1834	Mailing Address 2408 AVENUE M FORT PIERCE FL 34950-5710
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DO NOT WRITE IN THIS SPACE

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	Applied For
NOT APPLICABLE	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POITIER, ROBERT H JR
306 N 22 ST
FT. PIERCE FL 349-5550

7. Name and Address of New Registered Agent

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: Robert H. Poitier Robert H Poitier 2/22/2000
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

TITLE	ERD	<input type="checkbox"/> Delete
NAME	AARON, DAN	
STREET ADDRESS	1586 HIGHLAND AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32961	
TITLE	LKD	<input type="checkbox"/> Delete
NAME	LEWIS, ROBERT E.	
STREET ADDRESS	2304 N 17TH STREET	
CITY-ST-ZIP	FT PIERCE FL 34947	
TITLE	LK	<input type="checkbox"/> Delete
NAME	DICKERSON, JAMES A	
STREET ADDRESS	1100 N 35 TH ST	
CITY-ST-ZIP	FT PIERCE FL 34947	
TITLE	LK	<input type="checkbox"/> Delete
NAME	LURRY, LAROY	
STREET ADDRESS	1908 AVE E	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	FSD	<input type="checkbox"/> Delete
NAME	POITIER, ROBERT H JR	
STREET ADDRESS	3080N 22 ST	
CITY-ST-ZIP	FT PIERCE FL 34-950.	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, BERTRAM	
STREET ADDRESS	109 DEVONSHIRE DR	
CITY-ST-ZIP	FT PIERCE FL 34946	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<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: Robert H. Poitier 2/22/2000 465-9318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)