

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90041 031 \*\*\*\*61.25

DOCUMENT # **746332**

1. Entity Name

**FORT LAUDERDALE LODGE NO. 983, LOYAL ORDER OF MO** *R*

Principal Place of Business

Mailing Address **2nd Filings**

~~LEXIS DOCUMENT SERVICES INC.  
 3953 WW KELLEY ROAD  
 TALLAHASSEE FL 32311~~

~~2ND FILINGS  
 ADDRESS~~

*NEW*

*Address*

2. Principal Place of Business

3. Mailing Address

**3423 NE 12th Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Oakland Park FL**

Zip

Country

Zip

Country

**33334**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-0570397**

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**  
**After September 13, 2000 min. will be \$236.25**

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 **GD**  Delete  
 NAME **KONCSOL, RAYMOND**  
 STREET ADDRESS **120 E. OAKLAND PARK BLVD., #105**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33374**

TITLE **Trustee**  Change  Addition  
 NAME **AL Fred ROSS**  
 STREET ADDRESS **4569 NE 5th AVE.**  
 CITY-ST-ZIP **Fort Lauderdale FL 33334**

TITLE **JGD**  Delete  
 NAME **HUTCHISON, AUBREY**  
 STREET ADDRESS **4101 N. ANDREWS AVE., #113**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TRD**  Delete  
 NAME **PICCUITO, ANTHONY**  
 STREET ADDRESS **401 NE 28 DR.**  
 CITY-ST-ZIP **WILTON MANORS FL 33334**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AD**  Delete  
 NAME **HAYES, EUGENE**  
 STREET ADDRESS **3730 INVERARY DR., 2Q**  
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **Proprietor**  Change  Addition  
 NAME **Robert Keller**  
 STREET ADDRESS **PO BOX 23825**  
 CITY-ST-ZIP **OAKLAND PARK FL. 33307**

TITLE **PD**  Delete  
 NAME **SMOLTER, RUSSELL**  
 STREET ADDRESS **1817 SW 11 CT.**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **Governor**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **LUNSFORD, MERVIN**  
 STREET ADDRESS **3961 NE 13 AVE.**  
 CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE **Trustee**  Change  Addition  
 NAME **ARTHUR SCHUPNER**  
 STREET ADDRESS **2124 NE 5th AVE. #112**  
 CITY-ST-ZIP **Fort Lauderdale FL 33305**

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: *Anthony Piccuito* **ANTHONY PICCUITO** 7/13/00 954 571 5835  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)