

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90495 041 \*\*\*\*61.25

**DOCUMENT # 747407**

1. Entity Name

**LEESBURG LODGE #1271 LOYAL ORDER OF MOOSE**

Principal Place of Business

Mailing Address

P.O. BOX 490537  
 LEESBURG FL 34749-0537

P.O. BOX 490537  
 LEESBURG FL 34749-0537

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

**59-0604702**

Applied For

Not Applicable

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 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  Delete  
 NAME **D**  
**FORTUNE, THOMAS R**  
 STREET ADDRESS **31713 SO WHITNEY RD**  
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S**  
**CLENDENNEY, DOUGLAS P**  
 STREET ADDRESS **PO BOX 296**  
 CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T**  
**MCCELRATH, JAMES L**  
 STREET ADDRESS **1211 S STREET**  
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE  Change  Addition  
 NAME **T**  
**NORVELL Runyon**  
 STREET ADDRESS **485B CR 144**  
 CITY-ST-ZIP **Wildwood FL 34785**

TITLE  Delete  
 NAME **PD**  
**MANNING, ROBERT E**  
 STREET ADDRESS **34922 S HAINES CREEK RD**  
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**THUMAN, LOUIS**  
 STREET ADDRESS **608 PALM AVE**  
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**BARTLEY, RAYMOND**  
 STREET ADDRESS **46 WESTWOOD DR**  
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE  Change  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: *Raymond P. Clendenney* **RD Douglas P. Cleundenney** **5-1-01** **352 787 0518**

CR2E037 (10/00)