

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90346 020 \*\*\*\*61.25

**DOCUMENT # 748527**

1. Entity Name

**FT. MYERS LODGE # 1899 LOYAL ORDER OF MOOSE, INC**

Principal Place of Business

Mailing Address

11595 KELLY RD  
 SUITE 114  
 FORT MYERS FL 33908  
 US

PO BOX 07219  
 FT. MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

*9171 College Parkway*

Suite, Apt. #, etc.

City & State

City & State

*Ft Myers FL*

4. FEI Number

**59-1024721**

Applied For

Not Applicable

Zip

Country

Zip

Country

*33919 USA*

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 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NULL, LARRY</b>	
STREET ADDRESS	<b>4368 TUFFS AVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33901</b>	
TITLE	<b>PG</b>	<input type="checkbox"/> Delete
NAME	<b>GEE, WARREN</b>	
STREET ADDRESS	<b>405 NE 17TH PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33909</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAKI, WILBERT R</b>	
STREET ADDRESS	<b>233 OSPREY</b>	
CITY-ST-ZIP	<b>FT. MYERS BEACH FL 33932</b>	
TITLE	<b>JG</b>	<input type="checkbox"/> Delete
NAME	<b>HAYES, JOHN</b>	
STREET ADDRESS	<b>1811 MAPLE DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BLAIR, WILLIAM</b>	
STREET ADDRESS	<b>15210 MEADOW CIR</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>J</b>	<input type="checkbox"/> Delete
NAME	<b>MORGAN, JEFFREY</b>	
STREET ADDRESS	<b>330 SHORE DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33905</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
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JG MORGAN, JEFFREY</b>	
STREET ADDRESS	<b>330 SHORE DRIVE</b>	
CITY-ST-ZIP	<b>Ft Myers FL 33905</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Trustee HAYES JOHN</b>	
STREET ADDRESS	<b>1811 MAPLE DR</b>	
CITY-ST-ZIP	<b>Ft Myers, FL 33907</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:** *William Blair* **REQUIRED Director** *4/12/02 94-415-7332*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)