

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90076 040 ****70.00

DOCUMENT # N14864

1. Entity Name

GOLDEN GATE LODGE NO. 1654 LOYAL ORDER OF MOOSE,

Principal Place of Business

Mailing Address

1902 40TH TERR. SW
 P O BOX 990081
 NAPLES FL 33999
 US

P.O. BOX 990081
 NAPLES FL 34116-6059
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2663524

Applied For

Not Applicable

Zip

Country

Zip

Country

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 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 **PD** Delete
 NAME **NEWTON, ROBERT**
 STREET ADDRESS **1875 SW 21ST STREET**
 CITY-ST-ZIP **NAPLES FL 34117**

TITLE ~~PD~~ Change Addition
 NAME **EVERETT Goddard**
 STREET ADDRESS **3460 3RD AVE NW**
 CITY-ST-ZIP **NAPLES FL 34120**

TITLE **S** Delete
 NAME **SANDBERG, VERN**
 STREET ADDRESS **5535 RAHLESNAKE HMR ROAD**
 CITY-ST-ZIP **NAPLES FL 34113**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **ALCORN, HERB**
 STREET ADDRESS **5921 28TH AVE SW**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE **VD** Change Addition
 NAME **JAMES A McCallion**
 STREET ADDRESS **480 19th ST NW**
 CITY-ST-ZIP **NAPLES, FL 34120**

TITLE **TD** Delete
 NAME **BROOME, ED**
 STREET ADDRESS **129 CAPE SABLE DRIVE**
 CITY-ST-ZIP **NAPLES FL**

TITLE **TD** Change Addition
 NAME **HERB ALCORN**
 STREET ADDRESS **5921 28th AVE SW**
 CITY-ST-ZIP **NAPLES, FL 34116**

TITLE **D** Delete
 NAME **TIMKO, RICK**
 STREET ADDRESS **3020 WOODSIDE AVE**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** Change Addition
 NAME **ROBERT NEWTON**
 STREET ADDRESS **1875 SW 21ST STREET**
 CITY-ST-ZIP **NAPLES, FL 34117**

TITLE **D** Delete
 NAME **LANGELY, LARRY**
 STREET ADDRESS **521 10TH ST NE**
 CITY-ST-ZIP **NAPLES FL 34120**

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: *Vern Sandberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000 941-455-8408

Date

Daytime Phone #

CR2E037 (9/99)