

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90080 022 ****61.25

DOCUMENT # N21810

1. Entity Name
SEBASTIAN LODGE, NO. 2714, BENEVOLENT AND PROTEC

Principal Place of Business 731 S. FLEMING STREET SEBASTIAN FL 32978-2060	Mailing Address P.O. BOX 32978-2060 SEBASTIAN FL 32978
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country	4. FEI Number 59-2648978	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GUIDICE, JOE
9705 HONEYSUCKLE DR
BEARFOOT BAY FL 32952

7. Name and Address of New Registered Agent
 Name **ELMER LANCASTER**
 Street Address (P.O. Box Number is Not Acceptable)
1755 SKYLINE LANE
 City **SEBASTIAN** FL Zip Code **32958**

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 **ELMER LANCASTER** *Elmer Lancaster* **12 APRIL 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 NAME STREET ADDRESS CITY-ST-ZIP	P GUIDICE, JOE 9705 HONEYSUCKLE DR BEARFOOT BAY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, DELOURA FIG ST SEBASTIAN FL 3 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEARNAN, JAMES 7659 GREAT BEAR LAKE DRIVE MICCO FL 32976 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLMGREN, HARVEY 462 ORANGE AVENUE SEBASTIAN FL 32958 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHEEREN, ARTHUR 12525 ROSELAND ROAD ROSELAND FL 32957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EATON, THOMAS P O BOX 2533 NA VERO BEACH FL 32960 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELMER LANCASTER 1755 SKYLINE LN SEBASTIAN, FL 32958 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRED KLEIN 1662 CORAL REEF ST. SEBASTIAN FL 32958 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WENDELL ANDERSON 825 GLADIOLA AVE SEBASTIAN FL 32958 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9180 CENTRAL AVE MICCO, FL 32976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ELBERT THOMPSON 1004 E. BEARFOOT CIR. BEARFOOT BAY FL 32976

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: *FRED KLEIN* **12 April 2000** **561 589-6426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)