

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90404 023 \*\*\*\*61.25

0089563

**DOCUMENT # N46621**

1. Entity Name

**CALOOSAHATCHEE LODGE, NO. 2395, LOYAL ORDER OF MO**

Principal Place of Business

Mailing Address

419 E. CAPE CORAL PKWY  
 CAPE CORAL FL 33904  
 US

419 E. CAPE CORAL PKWY  
 CAPE CORAL FL 33904  
 US

00053878



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0306216**

Applied For

Not Applicable

Zip

Country

Zip

Country

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: **SD**  Delete  
 NAME: **BALL, CHARLES A**  
 STREET ADDRESS: **419 E CAPE CORAL PKWY**  
 CITY-ST-ZIP: **CAPE CORAL FL 33904-8540**

TITLE: **PD**  Change  Addition  
 NAME: **CRAWFORD, RICHARD A**  
 STREET ADDRESS: **1322 S.E. 44TH TERRACE**  
 CITY-ST-ZIP: **CAPE CORAL, FL. 33904**

TITLE: **VP**  Delete  
 NAME: **SIDONIO, JOHN F**  
 STREET ADDRESS: **4807 TUDOR DR**  
 CITY-ST-ZIP: **CAPE CORAL FL 33914**

TITLE: **UP**  Change  Addition  
 NAME: **YANETTA, PETER**  
 STREET ADDRESS: **4717 S.E. 44th PLACE #3**  
 CITY-ST-ZIP: **CAPE CORAL, FL. 33904**

TITLE: **TD**  Delete  
 NAME: **KORWATCH, LARRY**  
 STREET ADDRESS: **2616 ARCHER PKWY**  
 CITY-ST-ZIP: **CAPE CORAL FL 33914**

TITLE: **TD**  Change  Addition  
 NAME: **SANTACROCE, FRANK**  
 STREET ADDRESS: **5305 S.W. 9th PLACE**  
 CITY-ST-ZIP: **CAPE CORAL, FL. 33914**

TITLE: **SD**  Delete  
 NAME: **FOX, J.P.**  
 STREET ADDRESS: **217 SE 40 STREET**  
 CITY-ST-ZIP: **CAPE CORAL FL 33904**

TITLE: **SD**  Change  Addition  
 NAME: **NOLDER, EDWARD W.**  
 STREET ADDRESS: **1048 SE 43rd ST**  
 CITY-ST-ZIP: **CAPE CORAL, FL 33904**

TITLE: **D**  Delete  
 NAME: **BERGAN, GEORGE J**  
 STREET ADDRESS: **115 SW 52 STREET**  
 CITY-ST-ZIP: **CAPE CORAL FL 33914**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE: **D**  Delete  
 NAME: **PUTZ, VINCENT**  
 STREET ADDRESS: **P O BOX 1432 N/A**  
 CITY-ST-ZIP: **CAPE CORAL FL 33904**

TITLE: **D**  Change  Addition  
 NAME: **RIESTER, JACK**  
 STREET ADDRESS: **487 S.E. 38th TERR**  
 CITY-ST-ZIP: **CAPE CORAL, FL 33914**

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: *E. Edward W. Nolder* **REQUIRE** Edward W. Nolder 5/1/01 941-945-6066

CR2E037 (10/00)