

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90176 035 ****61.25

DOCUMENT # N46621

1. Entity Name

CALOOSAHATCHEE LODGE NO. 2395, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business

Mailing Address

419 E. CAPE CORAL PKWY
 CAPE CORAL FL 33904

419 E. CAPE CORAL PKWY
 CAPE CORAL FL 33904
 US

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

65-0306216

Applied For

Not Applicable

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	PD	<input type="checkbox"/> Delete
NAME	CRAWFORD, RICHARD A	
STREET ADDRESS	1322 SE 44TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YANETTA, PETER	
STREET ADDRESS	4717 S.E 4TH PLACE #3	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SANTACROCE, FRANK	
STREET ADDRESS	5305 SW 9TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NOLDER, EDWARD W	
STREET ADDRESS	1048 SE 43RD ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGAN, GEORGE J	
STREET ADDRESS	115 SW 52 STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIESTER, JACK	
STREET ADDRESS	427 SE 38TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMERS, JOHN	
STREET ADDRESS	4923 UICEROY ST #A	
CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)