

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000793

1. Entity Name

INDIAN RIVER MOOSE LEGION NO. 178, INC.

FILED

00 APR 10 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

253 LAPAZ DRIVE  
KISSIMMEE FL 34743  
US

253 LAPAZ DRIVE  
KISSIMMEE FL 34743  
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

23-7395688

Applied For

Not Applicable

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

Name

LEXIS DOCUMENT SERVICES

Street Address (P.O. Box Number is Not Acceptable)

3953 W.W. KELLEY RD.

City

TALLAHASSEE,

FL

Zip Code  
32311

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

*Michael A. Junco - Asst. Secy.*

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 POGUE, HAROLD  
STREET ADDRESS 247 KNOX MCREA DRIVE #11  
CITY-ST-ZIP TITUSVILLE FL

TITLE PD  Change  Addition  
NAME McCracken, James  
STREET ADDRESS 10 Bayberry Branch  
CITY-ST-ZIP Casselberry, FL.

TITLE D  Delete  
NAME PFARR, BRUCE J  
STREET ADDRESS 3041 10TH ST  
CITY-ST-ZIP ORLANDO FL

TITLE D  Change  Addition  
NAME Rebensky, Paul  
STREET ADDRESS 1100 JohnRodes Blvd. Lot 157  
CITY-ST-ZIP Melbourne, FL.

TITLE D  Delete  
NAME OWEN, FRANK E.  
STREET ADDRESS 3580 SABLE PALM LANE  
CITY-ST-ZIP TITUSVILLE FL

TITLE D  Change  Addition  
NAME Pfarr, Bruce  
STREET ADDRESS 3041 10th St.  
CITY-ST-ZIP Orlando, FL. ~~04/20/00--01105--021~~ \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE SD  Delete  
NAME CALMBACHER, HAROLD W.  
STREET ADDRESS 253 LA PAV DRIVE  
CITY-ST-ZIP KISSIMMEE FL

TITLE SD  Change  Addition  
NAME Calmbacher, Harold  
STREET ADDRESS 253 LaPaz Drive  
CITY-ST-ZIP Kissimmee, FL.

TITLE D  Delete  
NAME MCCRAKEN, JAMES M.  
STREET ADDRESS 10 BAYBERRY BRANCH  
CITY-ST-ZIP CASSELBERRY FL

TITLE D  Change  Addition  
NAME Neubecker, Dave  
STREET ADDRESS 4915 Louver Ave.  
CITY-ST-ZIP Orlando, FL.

TITLE D  Delete  
NAME REBENSKY, SR. PAUL  
STREET ADDRESS 1100 JOHN RODES BLVD LOT 157  
CITY-ST-ZIP MELBOURNE FL

TITLE D  Change  Addition  
NAME Garcia, Ralph  
STREET ADDRESS 2824 Empire Pl.  
CITY-ST-ZIP Sanford, FL.

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:

*Harold Calmbacher*  
Harold Calmbacher

SECRETARY 1/13/2000 401 348 5647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SP