

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90079 045 \*\*\*\*61.25

**DOCUMENT # N94000000793**

Entity Name

**INDIAN RIVER MOOSE LEGION NO. 178, INC.**

Principal Place of Business

Mailing Address

33 LAPAZ DRIVE  
 KISSIMMEE FL 34743

253 LAPAZ DRIVE  
 KISSIMMEE FL 34743  
 US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

1070 Santa Fe Dr  
 Suite, Apt. #, etc.

P.O. BX 451661  
 Suite, Apt. #, etc.

City & State

Kissimmee Florida

City & State

KISSIMMEE, FL 34745

4. FEI Number

23-7395688

Applied For

Not Applicable

Zip

34741

Country

OSCEOLA

Zip

34745

Country

US

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  
 3953 W.W. KELLEY RD  
 TALLAHASSEE FL 32311

Name

GEORGE M. TURNER

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

1070 Santa Fe Dr.

P.O. BOX # 451661

City

KISSIMMEE, FL.

FL

Zip Code

34745

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

*George M Turner*

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

FILE NAME	PD REBENSKY, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	1100 JOHN RODES BLVD., LOT 157	
CITY-STATE-ZIP	MELBOURNE FL 32907	
FILE NAME	D NEUBECKER, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	4915 LOUVRE AVE	
CITY-STATE-ZIP	ORLANDO FL 32812-1025	
FILE NAME	D PFARR, BRUCE	<input type="checkbox"/> Delete
STREET ADDRESS	3041 10TH ST	
CITY-STATE-ZIP	ORLANDO FL	
FILE NAME	D GARCIA, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS	2824 EMPIRE PLACE	
CITY-STATE-ZIP	SANFORD FL 32773-5291	
FILE NAME	D MCCRAKEN, JAMES M.	<input type="checkbox"/> Delete
STREET ADDRESS	10 BAYBERRY BRANCH	
CITY-STATE-ZIP	CASSELBERRY FL	
FILE NAME	D REBENSKY, SR. PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	1100 JOHN RODES BLVD LOT 157	
CITY-STATE-ZIP	MELBOURNE FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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:

*George M Turner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)