

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90019 033 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000000967

1. Entity Name

WINTER GARDEN LODGE NUMBER 2165 OF THE BENEVOLEN

Principal Place of Business

Mailing Address

700 S. 9TH ST.
 WINTER GARDEN FL 34787

700 S. 9TH ST.
 WINTER GARDEN FL 34787-4022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6072251

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

PORTER, TRAVIS
 144 E STARTER RD
 WINTER GARDEN FL 34787

Name

BRUCE STIGALL

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

379 PARK AVE NORTH

City

WINTER GARDEN

FL

Zip Code

34787

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

BRUCE STIGALL

3/21/00

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **LABEREE, GEORGE**
 CITY-ST-ZIP **51 ORANGE TREE CIR
 WINTER GARDEN FL 34787**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **OVERSTREET, BILL**
 CITY-ST-ZIP **6022 WALBRIDGE ST
 ORLANDO FL 32809**

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

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **BALLIET, JERRY**
 CITY-ST-ZIP **16702 DAVENPORT RD
 WINTER GARDEN FL 34787**

TITLE ☒ Change ☐ Addition
 NAME **DS**
 STREET ADDRESS **STAN SMITH**
 CITY-ST-ZIP **700 S. NINTH
 WINTER GARDEN FL 34787**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PORTER, TRAVIS**
 CITY-ST-ZIP **144 E. STORY RD.
 WINTER GARDEN FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **STIGALL, BRUCE**
 CITY-ST-ZIP **6204 MISSION DRIVE
 ORLANDO FL**

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

TITLE ☐ Delete
 NAME **DT**
 STREET ADDRESS **LITTELL, M F**
 CITY-ST-ZIP **1006 BYERLY WAY
 ORLANDO FL 32818**

TITLE ☐ Change ☐ 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

BRUCE STIGALL

3/21/00

407 656 2165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)