

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761365

1. Entity Name

NAPLES LODGE NO. 1782, LOYAL ORDER OF MOOSE, INC

Principal Place of Business

3417 ENTERPRISE AVE
NAPLES FL 34104
US

Mailing Address

3417 ENTERPRISE AVE
NAPLES FL 34104-3603
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0913942

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
NAME
GOV. PRINCE, VINCENT JR ☒ Delete
STREET ADDRESS
CITY-ST-ZIP
30 HAWAII BLVD.
NAPLES FL 34112

TITLE
NAME
GOV. NICKERSON, THEODORE N. ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
4977 PEPPER CIRCLE #204-G
NAPLES, FL. 34113

TITLE
NAME
JG NICKERSON, THEODORE N. ☒ Delete
STREET ADDRESS
CITY-ST-ZIP
4977 PEPPER CIRCLE #2048
NAPLES FL 34113

TITLE
NAME
DR. GOVERNOR PRINCE, VINCENT JR ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
30. HAWAII CIR
NAPLES, FL. 34112

TITLE
NAME
T DEMES, TOM ☒ Delete
STREET ADDRESS
CITY-ST-ZIP
724 BELLVILLE BLVD.
NAPLES FL 34104

TITLE
NAME
TREASURER Tom MARKONDA ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
379 JEWELLWOOD LANE
NAPLES, FL. 34112

TITLE
NAME
T WARNER, KEITH ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
1708 ROYAL CIRCLE
NAPLES FL 34112

TITLE
NAME
TRUSTEE MIKE BEADLE ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
P.O. BOX 534
NAPLES, FL. 34106

TITLE
NAME
T BOLING, ED ☒ Delete
STREET ADDRESS
CITY-ST-ZIP
6467 CONNING TOWER CIRCLE #1-A
NAPLES FL 34116

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

TITLE
NAME
T VERPORTER, CHARLES ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
4572 30 PLACE S.W.
NAPLES FL 34116

TITLE
NAME
☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)