

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724867

1. Entity Name

SEBRING LODGE NO 2259 LOYAL ORDER OF MOOSE INC

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90102 037 ****61.25

Principal Place of Business

Mailing Address

11675 US 96
P. O. BOX 1685
SEBRING FL 33871

P.O. BOX 1685
SEBRING FL 33871-1685

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

59-1738641

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 ☒ Delete
NAME BARTLETT, WAYNE H.
STREET ADDRESS 7532 HONEYSUCKLE DRIVE
CITY-ST-ZIP SEBRING FL

TITLE PD ☒ Change ☐ Addition
NAME W.M. T. ARNOLD
STREET ADDRESS 309 ARROWHEAD RD
CITY-ST-ZIP SEBRING FL 33870

TITLE TD ☒ Delete
NAME EDWARDS, JOHN JR
STREET ADDRESS 9214 BRIDLE PATH
CITY-ST-ZIP SEBRING FL 33872

TITLE TD ☒ Change ☐ Addition
NAME MARLYN DRURY
STREET ADDRESS 3511 HIGHLANDER AVE
CITY-ST-ZIP SEBRING FL 33870

TITLE AD ☐ Delete
NAME SNOOK, GERALD D
STREET ADDRESS 5019 LIME DR
CITY-ST-ZIP SEBRING FL 33872

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: *GERALD D. SNOOK*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 655-3920

CR2E037 (9/99)