

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90079 023 ***61.25

DOCUMENT # N16425

1. Entity Name

SUWANNEE RIVER LODGE NO. 325 LOYAL ORDER OF MOOS

Principal Place of Business

Mailing Address

**8231 NW 167 PLACE
 FANNING SPRINGS ANNEX FL 32693**

**8231 NW 167 PLACE
~~TRENTON~~ FL 32693-7540**

00012000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FANNING SPRINGS

4. FEI Number

59-2697716

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

Name

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

City

FL

Zip Code

**LEXIS DOCUMENT SERVICES INC.
 3953 WW KELLEY ROAD
 TALLAHASSEE FL 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

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	P	<input type="checkbox"/> Delete
NAME	ANDERSON, BERNARD	
STREET ADDRESS	HC 2 BOX 747	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	V	<input type="checkbox"/> Delete
NAME	MURPHEY, TONEY	
STREET ADDRESS	PO BOX 2348	
CITY-ST-ZIP	CHIEFLND FL 32644	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GRAWCOCK, KENNY	
STREET ADDRESS	PO BOX 589	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, WOODROW	
STREET ADDRESS	7633 NW 168TH AVE	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCMULLEN, ROBERT	
STREET ADDRESS	11496 NW 113TH ST	
CITY-ST-ZIP	CHIEFLND FL 32626	
TITLE	T	<input type="checkbox"/> Delete
NAME	JARVIS, RICHARD	
STREET ADDRESS	7830 NW 167TH PL	
CITY-ST-ZIP	TRENTON FL 32644	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK NEKOLA	
STREET ADDRESS	16792 NW 85TH TERRACE	
CITY-ST-ZIP	FANNING SPRINGS, FL 32693	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERB E. CLARK JR.	
STREET ADDRESS	9043 NW128TH COURT	
CITY-ST-ZIP	CHIEFLAND, FL 32626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

FRANK NEKOLA **FRANK NEKOLA**

4/12/00

352 463 2838

CR2E037 (9/99)