

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90042 011 \*\*\*\*61.25

**DOCUMENT # 750713**  
 1. Entity Name  
 FORT PIERCE LODGE No. 248, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business  
 3216 S. US 1  
 FORT PIERCE, FL.  
 34982

Mailing Address  
 P.O. Box 15309  
 FT. PIERCE, FL.  
 34979-5309

552991

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		390652258		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY RD. TALLAHASSEE, FL. 32311				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRESIDENT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICK JOHNSON		NAME		
STREET ADDRESS	3216 S. US 1		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34982		CITY-ST-ZIP		
TITLE	VICE PRES. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENJAMIN MCCREARY		NAME		
STREET ADDRESS	3216 S. US #1		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34982		CITY-ST-ZIP		
TITLE	SECRETARY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	R. L. HORAN		NAME		
STREET ADDRESS	8021 OREGON CHOCBEE RD		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34945		CITY-ST-ZIP		
TITLE	TREASURER/DIRECTOR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHN REITZ		NAME		
STREET ADDRESS	3216 S US 1		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34982		CITY-ST-ZIP		
TITLE	DIRECTOR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAM OLNEY		NAME		
STREET ADDRESS	3216 S US 1		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34982		CITY-ST-ZIP		
TITLE	DIRECTOR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESTON MERRYMAN		NAME		
STREET ADDRESS	3216 S. US #1		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34982		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: R. L. Horan Date: 24 APR 01 (561) 429-7744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/00)