

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90043 009 ****61.25

DOCUMENT # 735245

1. Entity Name

ORLANDO LODGE NO. 766 LOYAL ORDER OF MOOSE, INC.

Principal Place of Business

**5001 N. ORANGE BLOSSOM TRL
 ORLANDO FL 32810**

Mailing Address

**5001 N. ORANGE BLOSSOM TRL
 ORLANDO FL 32810**

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

59-0338210

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 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

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 STREET ADDRESS CITY-ST-ZIP	P BROWN, D. MARVIN 5519 LUNSFORD ORLANDO FL 32818	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEELE, EVERETTE 3000 CLARCONA RD LOT 644 3122 Lowndes Dr. APOPKA FL 32703 Winter Park, FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REFFNER, JAMES G 5001 (REAR) N.O.B.T. ORLANDO FL 32810	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC VOIGT, GARY 3000 CLARCONA RD LOT 644 APOPKA FL 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWER, ROBERT 2040 LEE RD ORLANDO FL 32810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAYNE, OTMER 4514 LAVISTA DR. ORLANDO FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Siegel, DAVID 3490 B. Highway 1792 Casselberry, FL 32718	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAHAM, Lawrence 5001 (REAR) N.O. B.T. ORLANDO, FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CORP, PAUL 111 Cherry Wood Gardens Dr. Maitland, FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Redmond, Roy 410 UNIT #66 ORLANDO Ave. OCOCF, FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC JEFFCOAT, James 1326 Kurume CT ORLANDO FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Required

01-26-02

407 295 4270

CR2E037 (9/01)