

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-20-2000 90092 007 \*\*\*\*61.25

B0068184

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> 703752			
1. Entity Name <b>Halifax Grange #173, Inc.</b> Corp. # 74-06N-P-03750			
Principal Place of Business <b>Halifax area</b>		Mailing Address	
2. Principal Place of Business <b>Holly Hill</b>		3. Mailing Address <b>P.O. Box 214142</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>So. Daytona, Fl.</b>	
Zip	Country	Zip	Country
		<b>32121-4142</b>	<b>U.S.A.</b>
4. FEI Number <b>23-72154-76</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>Mary M. Durst</b> <b>P.O. Box 214142</b> <b>So. Daytona, Fl. 32121-4142</b> <b>135 Sea Isle Cir.</b> <b>So. Daytona, FL 32119</b>			
7. Name and Address of New Registered Agent			
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lawrence Wilsey, Pres.</b> <input type="checkbox"/> Delete <b>1701 N.U.S.#1</b> <b>Ormond Beach, Fl. 32174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Arthur Lonsdale, V. Pres.</b> <input type="checkbox"/> Delete <b>233 Oak Lane,</b> <b>New Smyrna Beach, Fl. 32168</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mary M. Durst, Secr.</b> <input type="checkbox"/> Delete <b>P.O. Box 214142</b> <b>So. Daytona, Fl. 32121-4142</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bessie L. Turnwr, Treas.</b> <input type="checkbox"/> Delete <b>1705 Louisiana Rd.</b> <b>So. Daytona, Fl. 32119</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Walter Kisner, Director</b> <input type="checkbox"/> Delete <b>1639 Golfview Blvd.</b> <b>So. Daytona, Fl. 32119</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mary Sheffield, Director</b> <input type="checkbox"/> Delete <b>125 Life Blvd.</b> <b>Ormond Beach, Fl. 32174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: **Mary M. Durst, Secr.** *Mary M. Durst* 4-11-00 (904) 767-5219  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (9/99)