

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703752

1. Entity Name

HALIFAX GRANGE NO. 173, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90016 024 ****61.25

Principal Place of Business

C/O MARY M DURST
135 SEA ISLE CIR PO BOX 4142
S DAYTONA FL 32121

Mailing Address

P O BOX 4142
135 SEA ISLE CIR PO BOX 4142
SO. DAYTONA FL 32121
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7215476

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

DURST, MARY M.
135 SEA ISLE CIRCLE
P.O. BOX 4142
SOUTH DAYTONA FL 32121

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 D ☐ Delete
NAME WILSEY, LAWRENCE
STREET ADDRESS 1701 N U S #1
CITY-ST-ZIP ORMOND BCH FL

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

TITLE D ☐ Delete
NAME KISNER, WALTER
STREET ADDRESS 1639 GOLFVIEW BLVD
CITY-ST-ZIP SO DAYTONA FL 32119

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

TITLE SD ☐ Delete
NAME DURST, MARY
STREET ADDRESS 135 SEA ISLE CIRCLE
CITY-ST-ZIP S DAYTONA, FL 00000

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

TITLE T ☐ Delete
NAME TURNER, BESSIE
STREET ADDRESS 1705 LOUISIANA ROAD
CITY-ST-ZIP S DAYTONA, FL 00000

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

TITLE P ☒ Delete
NAME CONNOR, RICHARD
STREET ADDRESS 1701 N. U.S. #1
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ Change ☒ Addition
NAME Justinger, Kenneth
STREET ADDRESS 1701 N. U.S. #1
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE D ☐ Delete
NAME WILLIAMS, HERBERT
STREET ADDRESS 1310 FLEMING AVENUE
CITY-ST-ZIP ORMOND BEACH FL

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:

MARY M DURST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-01 (904) 767-5219

CR2E037 (10/00)