

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90069 043 \*\*\*\*61.25

**DOCUMENT # 703752**

1. Entity Name

**HALIFAX GRANGE NO. 173, INC.**



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

Zip

Country

Zip

Country

4. FEI Number **23-7215476**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DURST, MARY M.  
135 SEA ISLE CIRCLE  
P.O. BOX 214142  
SOUTH DAYTONA FL 32121**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILSEY, LAWRENCE</b> <b>1701 N U S #1</b> <b>ORMOND BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KISNER, WALTER</b> <b>1639 GOLFVIEW BLVD</b> <b>SO DAYTONA FL 32119</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DURST, MARY</b> <b>135 SEA ISLE CIRCLE</b> <b>S DAYTONA, FL 00000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILLIAMS, EVELYN</b> <b>1310 FLEMING AVENUE</b> <b>ORMOND BEACH FL 32174</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JUSTINGER, KENNETH</b> <b>1701 N. V. S. #1</b> <b>ORMOND BEACH FL 32174</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, HERBERT</b> <b>1310 FLEMING AVENUE</b> <b>ORMOND BEACH FL</b>	<input checked="" type="checkbox"/> Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**D**  
**Arthur Lonsdale**  
**233 Oak Lane**  
**New Smyrna Beach, FL. 32168**

**D**  
**George Earl**  
**P.O. Box 1140**  
**Bunnell, FL. 32110**

**D**  
**Robert Stebbins**  
**1701 N. U.S.#1**  
**Ormond Beach, FL. 32174**

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

**3-3-03 (386) 767-5219**

CR2E037 (10/02)