

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Jun 02, 2001 8:00 am
Secretary of State

03-28-2001 90190 028 ****61.25

DOCUMENT # 704055

1. Entity Name

PERRINE LODGE NO. 380, LOYAL ORDER OF MOOSE, INC

Principal Place of Business

Mailing Address

9854 E. EVERGREEN ST.
 PERRINE FL 33157

9854 E. EVERGREEN ST.
 PERRINE FL 33157

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

NOT APPLICABLE

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	ASD	<input type="checkbox"/> Delete
NAME	FREY, RANDALL L	
STREET ADDRESS	13966 SW 180 TERR	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GULOTTI, JOSEPH	
STREET ADDRESS	19844 S.W. 118TH CT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HANCOCK, DANIEL	
STREET ADDRESS	11771 S.W. 178TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	GVD	<input checked="" type="checkbox"/> Delete
NAME	MERCUGLIANO, LARRY	
STREET ADDRESS	9370 JAMAICA DRIVE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	JR. GOVERNOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL RINCON D	
STREET ADDRESS	10061 SW 213 ST	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	GOVERNOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY REYNOLDS D	
STREET ADDRESS	21121 SW 85 AVE # 114	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	PAST GOVERNOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD EWELL D	
STREET ADDRESS	9835 PAN AMERICAN DR.	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-01

Date

305 2522237

Daytime Phone #

CR2E037 (10/00)