2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 704055** 1. Entity Name

FILED May 28, 2002 8:00 am § Secretary of State

PERRINE LODGE NO. 380, LOYAL ORDER OF MOOSE, INC					05-28-2002 91628 027 ****61.25			
Principal P	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.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number NOT APPLICABLE Applied For Not Applied			
Zip Country		Zip	Zip Country		5 Certificate of Status Decired \$8.75		\$8.75 A	lot Applicable iditional
	6. Name and Address of Curren	It Registered Agent	<u> </u>		7. Name and Address	-	Fee Requir	ed
			2007 /	Name		s of New Registered A		
LEXIS DOCUMENT SERVICES INC.			-		ss (P.O. Box Number is Not	•		
3953 WW KELLEY ROAD TALLAHASSEE FL 32311			- [
IVERVIE	100LL			City		FL	Zip Cod	te
(i)	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE 9. Election Carr Trust Fund C	npaign Fin	ancing	\$5.00 May Be Added to Fees	Make Check Departmen		
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGES T	O OFFICEDS AND DIE	FOTOBO II	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD FREY, RANDALL L	☐ Delete	TITLE NAME	ADDRESS	ADDITIONS/CHANGES I	O OFFICERS AND DIR	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JGD RINCON, MICHAEL	Delete	TITLE NAME	ADDRESS 9	720 MONTE	Kon so Bay P	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33189	Delete	TITLE NAME STREET	ADDRESS 93	PERCUELIANO STO JAMAC TIAMI FI	LARRY A DR.	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2002 I VII VIIITIIOVII DU	☐ Delete	TITLE NAME STREET A	DORESS		•	Change	Addition
	MIAMI FL 33189		CITY-ST	ZIP				i
TITLE MAME STREET ADDRESS SITY-ST-ZIP	MIAMI FL 33189	☐ Delete	TITLE NAME STREET A	DDRESS			Change	Addition
TITLE NAME STREET ADDRESS	MIAMI FL 33189	☐ Delete	TITLE	DDRESS ZIP			Change	Addition

indicated on this report or 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.

REPANDED L FREY 5-12-02 395 2522237