

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

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90013 003 \*\*\*\*61.25



**DOCUMENT # 704055**

**1. Entity Name**  
**PERRINE LODGE NO. 380, LOYAL ORDER OF MOOSE, INC**

**Principal Place of Business**  
**9854 E. EVERGREEN ST.**  
**PERRINE FL 33157**

**Mailing Address**  
**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**

**LEXIS DOCUMENT SERVICES INC.**  
**3953 WW KELLEY ROAD**  
**TALLAHASSEE FL 32311**

**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** ASD ☐ Delete  
**NAME** FREY, RANDALL L  
**STREET ADDRESS** 13966 SW 160 TERR  
**CITY-ST-ZIP** MIAMI FL 33177

**TITLE** JGD ☐ Delete  
**NAME** YEOMANS, RON  
**STREET ADDRESS** 9720 MONTEGO BAY DR.  
**CITY-ST-ZIP** MIAMI FL 33189

**TITLE** GD ☐ Delete  
**NAME** MERCUGLIANO, LARRY  
**STREET ADDRESS** 9370 JAMACA DR.  
**CITY-ST-ZIP** MIAMI FL 33189

**TITLE** PGD ☐ Delete  
**NAME** EWELL, RICHARD  
**STREET ADDRESS** 9835 PAN AMERICAN DR  
**CITY-ST-ZIP** MIAMI FL 33189

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

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**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**

**SIGNATURE REQUIRED**

1-4-03

305 232 3300

CR2E037 (10/02)