

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90448 020 ****61.25

DOCUMENT # 704541

1. Entity Name

**PEMBROKE PINES LODGE NO. 1844, LOYAL ORDER OF MO
 OSE, INC.**

Principal Place of Business

Mailing Address

**8931 TAFT ST
 PEMBROKE PINES FL 33024**

**8931 TAFT ST
 PEMBROKE PINES FL 33024**

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

59-1277088

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 RD.
 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 ☐ Delete
 NAME **T**
 STREET ADDRESS **WYNN, EARL L**
 CITY-ST-ZIP **8435 NW 30TH PLACE**
MIAMI FL 33147

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **BARNES, R**
 CITY-ST-ZIP **10820 NW 8TH ST**
PEMBROKE PINES FL 33026

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **ZABLOCKI, EDWARD J**
 CITY-ST-ZIP **10820 NW 19TH STREET**
PEMBROKE PINES FL 33026

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **NORTON, GARY R**
 CITY-ST-ZIP **1856 NW 94 AVE**
PLANTATION FL 33322

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DARLING, REX**
 CITY-ST-ZIP **19221 NW 39 COURT**
OPA LOCKA FL 33055

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **MAKOVSKY, KURT**
 CITY-ST-ZIP **3390 FOXCROFT RD, C211**
MIRAMAR FL 33025

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **MCCULLAH, CRAIG J**
 CITY-ST-ZIP **10820 NW 8ST**
PEMBROKE PINES FL 33026

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HOPWOOD, NEIL**
 CITY-ST-ZIP **8441 NW 11CT**
PEMBROKE PINES FL 33024

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:

ROBERT BARNES

4-8-02

954-435-8933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)