

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

0088419

**DOCUMENT # 705444**

1. Entity Name

**DUNEDIN LODGE NO. 2275, INC. BENEVOLENT AND PROT**

Principal Place of Business

**1240 SAN CHRISTOPHER DRIVE  
DUNEDIN FL 34698**

Mailing Address

**PO BOX 697  
DUNEDIN FL 34698**

2. Principal Place of Business

**1240 SAN CHRISTOPHER DR.**

3. Mailing Address

**PO BOX 697**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DUNEDIN, FL**

City & State

**DUNEDIN, FL**

4. FEI Number

**23-7176698**

Applied For

Not Applicable

Zip

**34698**

Country

**PINELLAS**

Zip

**34697**

Country

**PINELLAS**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BARNARD, JO ANN  
936 LYNTHURST STREET  
DUNEDIN FL 34698**

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SAVAS, ANASTASIOS 1019 CAROL ANN PL DUNEDIN FL 34698</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PRICE, GLENN L 1622 SCOTT DRIVE CLEARWATER FL 33755</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BARNARD, JO ANN 936 LYNTHURST STREET DUNEDIN FL 34698</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FRANKLIN, DEANE 2625 LAKESIDE CIRCLE PALM HARBOR FL 34684</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ER CLARK, ROGER 1550 ANDOVER DR. DUNEDIN FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBERTA SHULER 11801 SNAPDRAGON RD TAMPA, FL 33635</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas CAPRARA, LOUIS J. 2187 S. BRAMBLEWOOD DR CLEARWATER, FL 33763</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MUNRO, PER, SAM 468 EXMOOR TERRACE DUNEDIN, FL 34698</b> <input checked="" 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	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ER POLING, DON 9025 LAKE DRIVE NEW PORT RICHEY, FL 34654</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2001 (727)736-5434

Date

Daytime Phone #

CR2E037 (10/00)