

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90055 006 ****61.25

DOCUMENT # 705746

1. Entity Name

OSCEOLA LODGE NO. 2026, LOYAL ORDER OF MOOSE, IN

Principal Place of Business

Mailing Address

**5450 LAKE LIZZIE DR
 ST CLOUD FL 34771**

**P.O. BOX 701363
 ST CLOUD FL 34770-1363
 US**

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 **59-6143322**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	G <input checked="" type="checkbox"/> Delete	TITLE	G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACEY, HIROM M	NAME	Castle, Marc
STREET ADDRESS	4609 TERNSTONE AVE	STREET ADDRESS	653 Rolfe ST
CITY-ST-ZIP	ORLANDO FL 32812	CITY-ST-ZIP	Kissimmee FL 34741
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTLE, MARC	NAME	Harvey, Ralph
STREET ADDRESS	1613 TENNESSEE AVE.	STREET ADDRESS	PO Box 700482
CITY-ST-ZIP	ST. CLOUD FL	CITY-ST-ZIP	st cloud FL 34770-0482
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEINKE, EDWARD G SR	NAME	
STREET ADDRESS	1618 VERMONT AVE	STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34769	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYSTEAD, JOHN	NAME	
STREET ADDRESS	5010 APOLLO AVE	STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34773	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Edward G. Meinke Sr* **Edward G. Meinke Sr 4-17-00 407-892-4294**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)