

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705746

1. Entity Name

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

Principal Place of Business

5450 LAKE LIZZIE DR
ST CLOUD FL 34771

Mailing Address

P.O. BOX 701363
ST CLOUD FL 34771
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

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
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 G ☐ Delete
NAME CASSTLE, MARC
STREET ADDRESS 653 ROLFE ST
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ Change ☒ Addition
NAME G RALPH TAYLOR
STREET ADDRESS 431 MICHIGAN AVE
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE D ☐ Delete
NAME HARVEY, RALPH
STREET ADDRESS PO BOX 700482
CITY-ST-ZIP ST. CLOUD FL

TITLE ☒ Change ☐ Addition
NAME ~~DEAN~~ MARC CASTLE
STREET ADDRESS 653 ROLFE ST.
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE D ☐ Delete
NAME MEINKE, EDWARD G SR
STREET ADDRESS 1618 VERMONT AVE
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE ☐ Change ☒ Addition
NAME JEFFREY RASSLER
STREET ADDRESS 4339 RUMMELL RD
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE D ☐ Delete
NAME HAYSTEAD, JOHN
STREET ADDRESS 5010 APOLLO AVE
CITY-ST-ZIP ST. CLOUD FL 34773

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: JOHN HAYSTEAD REGISTERED 5/06/01 407-892-7997

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91598 007 ****61.25

552544



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)