

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90094 020 ****61.25

DOCUMENT # 705746

1. Entity Name

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

Principal Place of Business

Mailing Address

5450 LAKE LIZZIE DR
 ST CLOUD FL 34771

P.O. BOX 701363
 ST CLOUD FL 34771
 US

2. Principal Place of Business

1214 10th Street

3. Mailing Address

P.O. Box 701363

Suite, Apt. #, etc.

St Cloud FL

Suite, Apt. #, etc.

St Cloud FL

City & State

City & State

4. FEI Number

59-6143322

Applied For

Not Applicable

Zip

Country

34769

OSCEOLA

Zip

Country

34771

OSCEOLA

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. 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

After September 13, 2002,
 min. will be \$236.25.

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 TAYLOR, RALPH
 STREET ADDRESS 431 MICHIGAN AVENUE
 CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ☐ Change ☒ Addition
 NAME Gouverneur
 STREET ADDRESS Robert Smidt
 CITY-ST-ZIP 1385 17th Street
 St Cloud FL 34769

TITLE D ☐ Delete
 NAME CASTLE, MARC
 STREET ADDRESS 653 ROLFE STREET
 CITY-ST-ZIP KISSIMMEE FL 34741

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

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

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

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 D ☐ Delete
 NAME RASSLER, JEFFREY
 STREET ADDRESS 4839 RUMMELL ROAD
 CITY-ST-ZIP SAINT CLOUD FL 34769

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: *Robert Smidt*

7-31-02

407-892-2201

CR2E037 (4/02)