

# 2002 UNIFORM BUSINESS REPORT (UBR)

7/2/2002-90815-01

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90815 017 \*\*\*\*61.25

**DOCUMENT # 709062**

1. Entity Name

**BELLEGLADE LODGE #1716 BENEVOLENT AND PROTECTIVE ORDER OF THE UNITED STATES**

Principal Place of Business

300 S.E. AVE. E  
 BELLE GLADE FL 33430

Mailing Address

P O BOX 733  
 BELLE GLADE FL 33430-733  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0567384

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEIBERT, CARL  
 300 S.E. AVE. E  
 BELLE GLADE FL 33430

7. Name and Address of New Registered Agent

Name: **COOK, CONNIE NELSON B. WILLIS JR**  
 Street Address (P.O. Box Number is Not Acceptable): **300 S.E. AVENUE E 208 NW AVE K**  
 City: **Belle Glade, FL** Zip Code: **33430**

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 reappointing)

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          | S | SEIBERT, CARL        | <input checked="" type="checkbox"/> Delete |
| NAME           |   | 124 SE 8TH ST N      |                                            |
| STREET ADDRESS |   | BELLE GLADE FL       |                                            |
| CITY-ST-ZIP    |   |                      |                                            |
| TITLE          | D | ORSENGO, JOE         | <input checked="" type="checkbox"/> Delete |
| NAME           |   | 101 SE 7TH ST        |                                            |
| STREET ADDRESS |   | BELLE GLADE FL       |                                            |
| CITY-ST-ZIP    |   |                      |                                            |
| TITLE          | T | JOHNSON, KATHY       | <input type="checkbox"/> Delete            |
| NAME           |   | 317 NE 3RD ST        |                                            |
| STREET ADDRESS |   | BELLE GLADE FL       |                                            |
| CITY-ST-ZIP    |   |                      |                                            |
| TITLE          | D | TOWELL, RAY          | <input type="checkbox"/> Delete            |
| NAME           |   | 956 NW 4TH ST        |                                            |
| STREET ADDRESS |   | BELLE GLADE FL       |                                            |
| CITY-ST-ZIP    |   |                      |                                            |
| TITLE          | D | WILKINSON, CHARLES   | <input type="checkbox"/> Delete            |
| NAME           |   | 300 SE AVE E         |                                            |
| STREET ADDRESS |   | BELLE GLADE FL 33430 |                                            |
| CITY-ST-ZIP    |   |                      |                                            |
| TITLE          | D | JOHNSON, STEVE       | <input type="checkbox"/> Delete            |
| NAME           |   | 317 NE 3 ST          |                                            |
| STREET ADDRESS |   | BELLE GLADE FL 33430 |                                            |
| CITY-ST-ZIP    |   |                      |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |                               |                                                                              |
|----------------|---|-------------------------------|------------------------------------------------------------------------------|
| TITLE          | B | COOK, CONNIE NELSON WILLIS JR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   | 208 NW AVE K                  |                                                                              |
| STREET ADDRESS |   | Belle Glade, FL               |                                                                              |
| CITY-ST-ZIP    |   |                               |                                                                              |
| TITLE          | B | HART, JR., PAUL               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |   | 2748 W. CANAL ST, NORTH       |                                                                              |
| STREET ADDRESS |   | Belle Glade, FL               |                                                                              |
| CITY-ST-ZIP    |   |                               |                                                                              |
| TITLE          |   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |   |                               |                                                                              |
| STREET ADDRESS |   |                               |                                                                              |
| CITY-ST-ZIP    |   |                               |                                                                              |
| TITLE          |   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |   |                               |                                                                              |
| STREET ADDRESS |   |                               |                                                                              |
| CITY-ST-ZIP    |   |                               |                                                                              |
| TITLE          |   |                               | <input type="checkbox"/> Change <input type="checkbox"/> 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 my address, with all other officers or directors.

SIGNATURE:

**NELSON B. WILLIS JR** 6/22/02 (561) 996-1716

SIGNATURE AND TITLE OF PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #