

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **710853**

1. Entity Name

THE GRAND LODGE OF THE INDEPENDENT ORDER OF ODD FELLOWS OF FLORIDA, INC

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

02-24-2000 90016 043 ****70.00

Principal Place of Business P.O. BOX 5335 ENGLEWOOD FL 34224	Mailing Address P.O. BOX 5335 ENGLEWOOD FL 34224-0335
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-0302797	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, STEPHEN
7419 CLEARWATER STREET
ENGLEWOOD FL 34224

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, STEPHEN	
STREET ADDRESS	7419 CLEARWATER ST	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDVIGY, GEORGE	
STREET ADDRESS	3414 PURDUE ST	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFSON, MORTON	
STREET ADDRESS	3721 NW 16TH PLACE	
CITY-ST-ZIP	GAINSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMERON, COLIN	
STREET ADDRESS	417 PUTNAM RD	
CITY-ST-ZIP	W PALM BCH FL 33405	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORROW, EDWARD E	
STREET ADDRESS	904 ALLIEGOOD CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULECZA, STEPHEN	
STREET ADDRESS	1811 MEDART DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRADAZ, ALDO	
STREET ADDRESS	1664 W 42ND STREET	
CITY-ST-ZIP	HIALEAH, FL 33012	
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 an address, with all other like empowered.

SIGNATURE: Stephen Johnson [STEPHEN JOHNSON] 7 FEB 2000 (941) 475-9792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/99)