

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90055 001 ****70.00

DOCUMENT # 710853

1. Entity Name

THE GRAND LODGE OF THE INDEPENDENT ORDER OF ODD

Principal Place of Business

Mailing Address

P.O. BOX 5335
 ENGLEWOOD FL 34224

P.O. BOX 5335
 ENGLEWOOD FL 34224

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

59-0302797

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, STEPHEN
7419 CLEARWATER STREET
ENGLEWOOD FL 34224

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 **SD** Delete
 NAME **JOHNSON, STEPHEN**
 STREET ADDRESS **7419 CLEARWATER ST**
 CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **D** Change Addition
 NAME **Michael Mollon**
 STREET ADDRESS **3861 SE FAIRWAY W**
 CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** Delete
 NAME **MEDVIGY, GEORGE**
 STREET ADDRESS **3414 PURDUE ST**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WOLFSON, MORTON**
 STREET ADDRESS **3721 NW 16TH PLACE**
 CITY-ST-ZIP **GAINSVILLE FL 32605**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BULECZA, STEPHEN**
 STREET ADDRESS **1811 MEDART DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FARRADAZ, ALDO**
 STREET ADDRESS **1664 W 42ND ST**
 CITY-ST-ZIP **HIALEAH FL 33012**

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: *Stephen Johnson* **STEPHEN JOHNSON**

Date **24 Jan 2001**

Daytime Phone # **941-475-9792**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)