

2000 UNIFORM BUSINESS REPORT (UBR)

001446

DOCUMENT # 711230

1. Entity Name

JACKSONVILLE BEACH LODGE NO. 1901 INC., BENEVOLE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 22 AM 10:21

Principal Place of Business

Mailing Address

628 1ST AVE. NORTH
JACKSONVILLE BEACH FL 32250
US

P. O. BOX 50972
JACKSONVILLE BEACH FL 32240-0972
US



REINSTATEMENT

00

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0711236

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

7. Name and Address of New Registered Agent

WILSON
WILSON, JR WILLIAM S
1363 PINEWOOD RD
JACKSONVILLE BEACH FL 32250

Name

WILLIAM S. WILSON, JR

Street Address (P.O. Box Number is Not Acceptable)

1363 PINEWOOD RD.

City

JACKSONVILLE BEACH

FL

Zip Code

32250

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

William S. Wilson, Jr

Signature, typed or printed name of registered agent or title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-6-00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 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 P
NAME SMITH, WILLIAM E
STREET ADDRESS 7610 BROCKHURST DR
CITY-ST-ZIP JACKSONVILLE FL 32277-2830 ☐ Delete

TITLE P
NAME James F. Smith
STREET ADDRESS 201 25th Avenue S. Apt N-1
CITY-ST-ZIP Jacksonville Beach, FL. 32250 ☒ Change ☐ Addition

TITLE VP
NAME WHALEY, JR ROBERT H
STREET ADDRESS 109 MARSH COVE DR
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082-1625 ☐ Delete

TITLE VP
NAME Dwight Deyo
STREET ADDRESS 612 16th Avenue N.
CITY-ST-ZIP Jacksonville Beach, FL. 32250 ☒ Change ☐ Addition

TITLE S
NAME IGO, JERRY1 J
STREET ADDRESS 1834 EUNICE RD.
CITY-ST-ZIP JACKSONVILLE FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS 900003526349-1
CITY-ST-ZIP -01/08/01--01013--019
****236.25 ****236.25 ☐ Change ☐ Addition

TITLE T
NAME COMBS, LAWRENCE
STREET ADDRESS 146 ROSCOE BLVD NORTH
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082-3208 ☐ Delete

TITLE T/D
NAME Donna Komkov
STREET ADDRESS Po Box 51204
CITY-ST-ZIP ~~Ponte Veda Beach, FL. 32082~~
JACKSONVILLE BEACH FL 32240 ☐ Change ☐ Addition

TITLE D
NAME WILSON, JR WILLIAM S
STREET ADDRESS 1363 PINEWOOD RD
CITY-ST-ZIP JACKSONVILLE FL 32250-0189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *12/12/00* ☐ Change ☐ Addition

TITLE TR
NAME CROW, ROBERT J.
STREET ADDRESS 511 BOWLES ST
CITY-ST-ZIP NEPTUNE BEACH FL ☐ Delete

TITLE D
NAME Larry Combs
STREET ADDRESS 146 Roscoe Blvd. North
CITY-ST-ZIP Ponte Veda Beach, FL. 32082 ☒ Change ☐ Addition

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:

JERRY IGO SECRETARY 10/22/00 9042624285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (5/00)