

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711230

1. Entity Name

JACKSONVILLE BEACH LODGE NO. 1901 INC., BENEVOLE

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

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 59-0711236

Applied For

Not Applicable

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, WILLIAM S JR
1363 PINEWOOD RD
JACKSONVILLE BEACH FL 32250

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 P ☒ Delete
NAME ~~SMITH, JAMES F~~
STREET ADDRESS ~~201 25TH AVENUE S APT N-1~~
CITY-ST-ZIP ~~JACKSONVILLE BEACH FL 32250~~

TITLE V ☒ Delete
NAME DEYO, DWIGHT
STREET ADDRESS ~~612 16TH AVENUE N~~
CITY-ST-ZIP ~~JACKSONVILLE BEACH FL 32250~~

TITLE S ☐ Delete
NAME IGO, JERRY1 J
STREET ADDRESS ~~1834 EUNICE RD~~ 3874 EUNICE RD.
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE TD ☐ Delete
NAME KOMKOV, DONNA
STREET ADDRESS PO BOX 51204
CITY-ST-ZIP JACKSONVILLE BEACH FL 32240

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

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

TITLE P ☒ Change ☐ Addition
NAME DEYO, DWIGHT
STREET ADDRESS 612 16TH AVE NO.
CITY-ST-ZIP JACKSONVILLE BEACH, FL. 32250

TITLE V ☒ Change ☐ Addition
NAME Foster, Louie
STREET ADDRESS 3904 EUNICE ROAD
CITY-ST-ZIP JACKSONVILLE, FL. 32250

TITLE ☐ Change ☐ Addition
NAME ~~3874 EUNICE ROAD~~ Correction
STREET ADDRESS 3874 EUNICE ROAD

TITLE ☐ Change ☒ Addition
NAME 1701 THE GREENSWAY, APT 1814
STREET ADDRESS JACKSONVILLE BEACH FL 32250
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

~~SECRETARY REQUIRED~~ JERRY IGO

4/08/01

914 262 4285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7264

CR2E037 (10/00)

0000172

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90105 019 ****61.25



DO NOT WRITE IN THIS SPACE