

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

0012973

**DOCUMENT # 724060**

04-30-2001 90439 040 \*\*\*\*\*61.25

1. Entity Name

**MANDARIN LODGE NO. 42, LOYAL ORDER OF MOOSE, INC**

Principal Place of Business

Mailing Address

4450 LOSCO ROAD  
 P O BOX 24596  
 JACKSONVILLE FL 32241

4450 LOSCO ROAD  
 P O BOX 24596  
 JACKSONVILLE FL 32241

**00056301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1400997**

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

**LEXIS DOCUMENT SERVICES**  
**3953 WW KELLEY RD**  
**TALLAHASSEE FL 32311**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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          | S                        | <input checked="" type="checkbox"/> Delete |
| NAME           | HUSTON, RICHARD M        |  |
| STREET ADDRESS | 11248 CABOOSE CT         |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32257    |  |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | SMITH, GARY D            |  |
| STREET ADDRESS | 11841 MANDARIN RD        |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32223    |  |
| TITLE          | T                        | <input checked="" type="checkbox"/> Delete |
| NAME           | WOODRUFF, DALE           |  |
| STREET ADDRESS | 445 N ST RD 13 #26-355   |  |
| CITY-ST-ZIP    | FRUITCOVE FL 32259       |  |
| TITLE          | T                        | <input checked="" type="checkbox"/> Delete |
| NAME           | FREDRICKSON, ROBERT L    |  |
| STREET ADDRESS | 224 FOXTAIL AVE          |  |
| CITY-ST-ZIP    | MIDDLEBURG FL 32068      |  |
| TITLE          | T                        | <input type="checkbox"/> Delete            |
| NAME           | VIETOR, TIMOTHY J        |  |
| STREET ADDRESS | 4737 CLOVERHILL CIR S    |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32257    |  |
| TITLE          | P                        | <input checked="" type="checkbox"/> Delete |
| NAME           | KNAPP, LEROY F           |  |
| STREET ADDRESS | 4013 CUMBRIAN GARDENS LN |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32257    |  |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | S                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WALT CHESSA II         |  |
| STREET ADDRESS | 4517 N. CROSSTIE RD.   |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32257 |  |
| TITLE          | P                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | GARY SMITH             |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | T                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WALT EWING             |  |
| STREET ADDRESS | 4259 PHILLIPS HWY #41  |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32207 |  |
| TITLE          | T                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GUY THURSTON           |  |
| STREET ADDRESS | 1670 ARTLER TRL S      |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32234 |  |
| 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           | RONALD RICKET          |  |
| STREET ADDRESS | 3413 KILLARNEY DR      |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32216 |  |

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: GARY D. SMITH 9042686544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)