9/10/01-90

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 21, 2001 8:00 am**
**Secretary of State**
09-10-2001 90005 045 ****61.25

DOCUMENT # 724867

1. Entity Name

SEBRING LODGE NO 2259 LOYAL ORDER OF MOOSE INC

| Principal Place of Business | Mailing Address |
|---|---|
| 11675 US 98<br>P. O. BOX 1685<br>SEBRING FL 33871 | P.O. BOX 1685<br>SEBRING FL 33871 |

DO NOT WRITE IN THIS SPACE

| 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 59-1738641 ☐ 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 |
|---|---|
| LEXIS DOCUMENT SERVICES INC.<br>3953 NW KELLEY ROAD<br>TALLAHASSEE FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ 9-3-01
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**
**After September 12, 2001, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | AD<br>SNOOK, GERALD D<br>5019 LIME DR<br>SEBRING FL 33872 | ☐ Delete<br>D | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREAS<br>TOM KLERINGER<br>910 RANCHERO DD<br>SEBRING FL 33870 (PENDING) | ☐ Change ☒ Addition<br>D |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ARNOLD, W T<br>309 ARROWHEAD RD<br>SEBRING FL 33870 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DRURY, MARLYN<br>3511 HIGHLANDER AVE.<br>SEBRING FL 33870 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | GOV<br>WAYNE BARTLETT<br>7532 HONEYSUCKLE DR<br>SEBRING FL 33870 | ☐ Delete<br>D | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREAS<br>TOM KLERINGER<br>910 RANCHERO RD<br>SEBRING FL 33870 (PENDING) | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (5/01)

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: GERALD D SNOOK Gerald D. Snook 9/3/01 655-3920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #