

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90294 040 \*\*\*\*61.25

**DOCUMENT # 724867**

1. Entity Name

**SEBRING LODGE NO 2259 LOYAL ORDER OF MOOSE INC**



Principal Place of Business

11675 US 98  
P. O. BOX 1685  
SEBRING FL 33871

Mailing Address

P.O. BOX 1685  
SEBRING FL 33871

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.**  
**3953 WW KELLEY ROAD**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	ADD	<input checked="" type="checkbox"/> Delete
NAME	BOUFFORD, RUSSELL J	
STREET ADDRESS	P.O. BOX 283 (BASS AVE)	
CITY-ST-ZIP	LORIDA FL 33857	
TITLE	GD	<input checked="" type="checkbox"/> Delete
NAME	BARTLETT, WAYNE	
STREET ADDRESS	7532 HONEYSUCKLE DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KLERINGER, TOM	
STREET ADDRESS	910 RANCHERO RD	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ADD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwin Johnston	
STREET ADDRESS	424 Maple Lane	
CITY-ST-ZIP	Sebring, FL, 33876	
TITLE	GD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLYN DRURY	
STREET ADDRESS	3511 Highlander DR.	
CITY-ST-ZIP	Sebring, FL, 33870	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Long	
STREET ADDRESS	408 Granada Ct.	
CITY-ST-ZIP	Sebring, FL, 33876	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

*SIGNATURE REQUIRED*

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E037 (10/02)