

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90072 039 \*\*\*\*61.25

**DOCUMENT # 725075**

1. Entity Name

**HIALEAH LODGE NO 1074, LOYAL ORDER OF MOOSE INC**

Principal Place of Business

Mailing Address

**305 E 32ND ST  
 HIALEAH FL 33013  
 US**

**305 E 32ND ST  
 HIALEAH FL 33013-3214  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0621925**

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

**LARGEN, RAYMOND E  
 13237 SW 43RD LANE  
 MIAMI FL 33175**

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

*4-24-2000*

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARGEN, RAYMOND E</b>	NAME	
STREET ADDRESS	<b>13237 SW 43RD LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33175-3938</b>	CITY-ST-ZIP	
TITLE	<del>DR</del> <b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANERO, RAYMOND P</b>	NAME	
STREET ADDRESS	<b>610 W 64TH DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33101</b>	CITY-ST-ZIP	
TITLE	<del>DR</del> <b>DV</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RYSAK, EMIL</b>	NAME	
STREET ADDRESS	<b>650 E 65 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	CITY-ST-ZIP	
TITLE	<b>PPD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEATON, ROBERT L</b>	NAME	
STREET ADDRESS	<b>12892 SW 12 TERR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERTS, J. DAVID</b>	NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>P.O. BOX 1451</b>	STREET ADDRESS	<b>JAMES R. REID</b>
CITY-ST-ZIP	<b>HIALEAH FL 33011</b>	STREET ADDRESS	<b>810 S.E. 6 AVE.</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<b>HIALEAH, FL 33010-5601</b>
NAME	<b>FLEISHER, LAWRENCE S</b>	NAME	
STREET ADDRESS	<b>560 EAST 53 ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-24-00 (305) 888-8825*

Date

Daytime Phone #

CR2E037 (9/99)