

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

01-30-2001 90008 049 \*\*\*\*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  
 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

**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  Delete  
 NAME **SD LARGEN, RAYMOND E**  
 STREET ADDRESS **13237 SW 43RD LANE**  
 CITY-ST-ZIP **MIAMI FL 33175-3938**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD CANERO, RAYMOND P**  
 STREET ADDRESS **610 W. 64TH. DRIVE**  
 CITY-ST-ZIP **HIALEAH FL 33101**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD RYSAK, EMIL**  
 STREET ADDRESS **650 E 65 ST**  
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PPD HEATON, ROBERT L**  
 STREET ADDRESS **12892 SW 12 TERR**  
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D REID, JAMES R**  
 STREET ADDRESS **810 SE 6TH AVENUE**  
 CITY-ST-ZIP **HIALEAH FL 33010-6501**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD FLEISHER, LAWRENCE S**  
 STREET ADDRESS **560 EAST 53 ST**  
 CITY-ST-ZIP **HIALEAH FL 33013**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ADMINISTRATOR**

**305-888-8825**

**RAYMOND E LARGEN**

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE