## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **732976** Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** LOYAL ORDER OF MOOSE GULF GATE LODGE # 608, INC. 01-12-2000 90099 010 \*\*\*\*61.25 Principal Place of Business Mailing Address 6540 SUPERIOR AVENUE 6540 SUPERIOR AVENUE SARASOTA FL 34231-5836 SARASOTA FL 34231-5836 2. Principal Place of Business 3. Mailing Address Suite, Apt\#, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1573776 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32311 Zip Code City 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) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITI F Change ☐ Addition TITLE PD Delete Dave Gravs CHASE, THOMAS NAME NAME GLENCOE AUG 4350 STREET ADDRESS STREET ADDRESS 2549 LOARDS AVE CITY-ST-ZIP garasota 11. 34231 CITY-ST-ZIP SARASOTA FL 34231 - Change Delete Addition TITLE Fred Bez TITLE VD NAME STEPHENS, JIM 3741 ST. Charles Cir STREET ADDRESS STREET ADDRESS 2921 GWENBRIAN ST CITY-ST-ZIP. CITY-ST-ZIP Sainte II SARASOTA FL-34237 Change Addition Delete TITLE Leo Bansion CARRISON, JOHN F NAME 425 Shore Rd STREET ADDRESS STREET ADDRESS 3050 MOTHER ST CITY-ST-ZIP CITY-ST-ZIP Nokomis H. SARASOTA FL <u>34231</u> Addition Delete TITLE TITLE John Carrier NAME MARSHELL, TERRY NAME STREET ADDRESS 3050 Mohawk ST STREET ADDRESS 3210 LEXINGTON ST CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 sarasota 44. 34231 **C**hange ☐ Addition Delete TITI F TITLE NAME NAME ROBERTS, TED James 37 STREET ADDRESS STREET ADDRESS 254 TRINIDAL ST CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Addition Delete TITLE **BILIK, ERIC** NAME NAME STREET ADDRESS STREET ADDRESS 2404 POST RD CITY-ST-ZIP SARASOTA FL 34231

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

John of Carrie

1-5-00

941-931-1131