

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90109 018 ****61.25

DOCUMENT # 738047

1. Entity Name

NORTH MIAMI LODGE NO. 1656, LOYAL ORDER OF MOOSE, INC.



Principal Place of Business

**25 NORTHWEST 150TH ST.
NORTH MIAMI FL 33168**

Mailing Address

**25 NORTHWEST 150TH ST.
NORTH MIAMI FL 33168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0938049**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **STOREY, IRVING J.**
STREET ADDRESS **91 NW 151 ST**
CITY-ST-ZIP **MIAMI FL 33169-6756**

TITLE **D** ☐ Change ☒ Addition
NAME **CLIFTON L. TRUSSELL**
STREET ADDRESS **851 NE 137 ST**
CITY-ST-ZIP **NORTH MIAMI, FL 33161-3242**

TITLE **D** ☒ Delete
NAME **HOPNER, WILLIAM C**
STREET ADDRESS **24 NE 151 ST**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162-4243**

TITLE **D** ☐ Change ☒ Addition
NAME **JOHN R. LEISENRING**
STREET ADDRESS **1205 NW 128 ST.**
CITY-ST-ZIP **NORTH MIAMI, FL 33167-2229**

TITLE **D** ☐ Delete
NAME **OTIS, RICHARD F**
STREET ADDRESS **270 NE 200TH CR**
CITY-ST-ZIP **MIAMI FL 33179-2947**

TITLE **D** ☒ Change ☐ Addition
NAME **RICHARD F. OTIS**
STREET ADDRESS **14501 NW 2 AVE**
CITY-ST-ZIP **MIAMI, FL 33168-4125**

TITLE **D** ☒ Delete
NAME **BRIGHAM, RICHARD**
STREET ADDRESS **995 NORTHEAST 160TH STREET**
CITY-ST-ZIP **NORTH MIAMI FL 33162-4458**

TITLE **D** ☐ Change ☐ Addition
NAME **JAMES R. DOUGLAS**
STREET ADDRESS **241 NW 178 ST.**
CITY-ST-ZIP **NORTH MIAMI, FL 33168-4244**

TITLE **D** ☐ Delete
NAME **CROWE, PATRICK JR**
STREET ADDRESS **1132 NE 196TH ST**
CITY-ST-ZIP **MIAMI FL 33179-3537**

TITLE **D** ☒ Change ☐ Addition
NAME **PATRICK J. CROWE**
STREET ADDRESS **5309 W. PARK RD**
CITY-ST-ZIP **HOLLYWOOD, FL 33021-3325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **GEORGE C. CHAPMAN**
STREET ADDRESS **13305 NE 4 AVE.**
CITY-ST-ZIP **NORTH MIAMI, FL 33161-3911**

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

5/30/03

305-944-0879

CR2E037 (10/02)