

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT #

1. Entity Name

738950
St Augustine Lodge No. 1017, Loyal Order of Moose, INC.

Principal Place of Business

193 San Marco Ave
St Augustine FL
32086

Mailing Address

1805 Century Blvd.
St Augustine FL
32086

2. Principal Place of Business

193 San Marco Ave

3. Mailing Address

1805 Century Blvd

Suite, Apt. #, etc.

St Aug. FL

Suite, Apt. #, etc.

St Augustine FL

City & State

City & State

Zip

32086

Country

St Johns

Zip

32086

Country

St Johns

4. FEI Number

23-7143436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Lexis Document Servis

Street Address (P.O. Box Number is Not Acceptable)

3953 W W Kelley Rd

City

Tallahassee

FL

Zip Code

32311

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

Michael A. Turano

Michael A. Turano

5-21-00

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 NAME ☐ Delete

BA. CAPO Anthar
1805 Century Blvd.
St Aug FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

D Rox Virgil
2879 N 126 St.
St Aug FL

TITLE NAME ☐ Change ☐ Addition

100003313501--2
-07/05/00--01094--025
*****61.25 *****61.25

TITLE NAME ☐ Delete

D Gordon Buckley
1805 Century Blvd.
St Aug FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

D Leo Lewis
3147 N Ponce De Leon Blvd #5
St Aug FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

AD

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

8-3-99 90008 045

61.25

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

Date

Daytime Phone #

5-21-00

8295006

CR2E037 (9/99)