

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **738950**

1. Entity Name
St Augustine Lodge No. 1017, Loyal Order of Moose, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUN 14 AM 11:29

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
St Augustine FL

City & State
St Augustine FL

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7143436

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip Country Zip Country
32086 St Johns 32086 St Johns

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. Turawa** Ass. Sec. **Michael A. Turawa** **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 STREET ADDRESS CITY-ST-ZIP	DA. CADO Athan 1805 Century Blvd. St Aug FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Box Virgil 2879 N 126 St. St Aug FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gordon Buckley 1805 Century Blvd. St Aug FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leo Lewis 3149 N Ponce DeLeon Blvd #5 St Aug FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003313501--2 -07/05/00--01094--025 *****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]** **5-21-00** **8295006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)