

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739742

1. Entity Name

VOLUSIA COUNTY, JIM WHITE LODGE NO. 40 FRATERNAL

Principal Place of Business

471 OLD MISSION RD  
PO BOX 943  
NEW SMYRNA BEACH FL 32170

Mailing Address

~~471 OLD MISSION RD~~  
PO BOX 943  
NEW SMYRNA BEACH FL 32170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

COOK, PHILLIP  
1621 WILLOW OAK DRIVE  
EDGEWATER FL 32132

7. Name and Address of New Registered Agent

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

TITLE SD ☐ Delete  
NAME COOK, PHILLIP  
STREET ADDRESS 1621 WILLOW OAK DRIVE  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE ~~VD~~ ☐ Delete  
NAME HOINACKI, STEPHEN  
STREET ADDRESS 1102 PLOVER PL  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE TD ☐ Delete  
NAME BARNETT, LEROY  
STREET ADDRESS 804 E. 11TH AVENUE  
CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE PD ☒ Delete  
NAME BAKER, ROBERT  
STREET ADDRESS 2265 TURNBULL BAY RD  
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE VD ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME Charles J. Lay  
STREET ADDRESS 4639 Golden Apple Tr.  
CITY-ST-ZIP Port Orange, FL. 32119

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:

*Phillip W. Cook* **PHILLIP W. COOK** *Secretary* 1/31/01 (904) 423-2325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90056 018 \*\*\*\*70.00

00014284



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)