

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744319

1. Entity Name

GAINESVILLE LODGE NO. 1140, LOYAL ORDER OF MOOSE

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90011 033 ****61.25

Principal Place of Business

Mailing Address

1414 N.E. 23RD AVE
 P.O. BOX 234
 GAINESVILLE FL 32602

1414 N.E. 23RD AVE
 P.O. BOX 234
 GAINESVILLE FL 32602-0234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0651892

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

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	RALOSKY, MICHAEL T	
STREET ADDRESS	PO BOX 539	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, RICHARD	
STREET ADDRESS	PO BOX 2977	
CITY-ST-ZIP	HIGH SPRING FL 32655	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, BILLY L	
STREET ADDRESS	7116 NE 39 AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, RALPH	
STREET ADDRESS	PO BOX 273	
CITY-ST-ZIP	WALDO FL 32694	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KIRLAND, M E	
STREET ADDRESS	4518 SE 1ST AVE	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	BLANKENSHIP, CUNT	
STREET ADDRESS	3028 NE 19TH DR	
CITY-ST-ZIP	GAINESVILLE FL 32609	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE ROOBEAS	
STREET ADDRESS	2906 NE 19 STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILLY L JENKINS	
STREET ADDRESS	7116 NE 39 AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM MCGREW	
STREET ADDRESS	25826 NW CR 241	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL SPARRUGGIA	
STREET ADDRESS	6554 NW 25 TERR	
CITY-ST-ZIP	GAINESVILLE, FL 32653	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: MICHAEL SPARRUGGIA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/00
 Date

352-372-1828
 Daytime Phone #

CR2E037 (9/99)