

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90079 007 ****70.00

DOCUMENT # 745259

1. Entity Name

LAKELAND LODGE NO. 945, LOYAL ORDER OF MOOSE, IN

Principal Place of Business

Mailing Address

**1223 E. LAKE PARKER DRIVE
 LAKELAND FL 33801**

**1223 E. LAKE PARKER DRIVE
 LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0541717

Applied For

Not Applicable

Zip

Country

Zip

Country

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 32301**

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: **GD** Delete
 NAME: **HENSHAW, RICHARD SR**
 STREET ADDRESS: **953 ORANGE ST**
 CITY-ST-ZIP: **LAKELAND FL 33801**

TITLE: **GD** Change Addition
 NAME: **HOWARD LITTLEFIELD**
 STREET ADDRESS: **606 LAKEHURST ST**
 CITY-ST-ZIP: **LAKELAND FL 33**

TITLE: **D** Delete
 NAME: **SWEARENGIN, JOE**
 STREET ADDRESS: **313-DELON CT**
 CITY-ST-ZIP: **AUBURNDALE FL 33823**

TITLE: **D** Change Addition
 NAME: **DAVID FRY**
 STREET ADDRESS: **103 MARJORIE AVE**
 CITY-ST-ZIP: **AUBURNDALE FL 33823**

TITLE: **AD** Delete
 NAME: **NICHOLLS, LARRY D**
 STREET ADDRESS: **1346 ROWELL ST.**
 CITY-ST-ZIP: **AUBURNDALE FL 33823**

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

TITLE: **PD** Delete
 NAME: **STANGE, ANDREW**
 STREET ADDRESS: **1152 WATERVIEW BLVD W**
 CITY-ST-ZIP: **LAKELAND FL 33801**

TITLE: **PD** Change Addition
 NAME: **RAYMOND MALCOLM**
 STREET ADDRESS: **306 DELON CT**
 CITY-ST-ZIP: **AUBURNDALE FL 33823**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/10/2001** Daytime Phone #: **863-665-3621**

CR2E037 (10/00)