

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90731 003 \*\*\*\*70.00

**DOCUMENT # 745259**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-0541717**

Applied For

Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Larry D Nicholls*

**4/13/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MENTAILY, STEVEN</b>	
STREET ADDRESS	<b>1234 REYNOLDS RD LOT 225</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE	<b>GD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FRY, DAVID</b>	
STREET ADDRESS	<b>103 MARJORIE AVE</b>	
CITY-ST-ZIP	<b>AUBURNDAL FL 33823</b>	
TITLE	<b>AD</b>	<input type="checkbox"/> Delete
NAME	<b>NICHOLLS, LARRY D</b>	
STREET ADDRESS	<b>1348 ROWELL ST.</b>	
CITY-ST-ZIP	<b>AUBURNDAL FL 33823</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRIMES, STEVE</b>	
STREET ADDRESS	<b>3301 N. COMBEE RD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOBAR JOE</b>	
STREET ADDRESS	<b>1505 EAST ELM RD</b>	
CITY-ST-ZIP	<b>LAKELAND FLORIDA 33801</b>	
TITLE	<b>GD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GINO DELACRUZ</b>	
STREET ADDRESS	<b>444 LEISURE PL</b>	
CITY-ST-ZIP	<b>LAKELAND FLORIDA 33801</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P.D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEX GRIFFIN</b>	
STREET ADDRESS	<b>1613 FAYE ST</b>	
CITY-ST-ZIP	<b>LAKELAND FLORIDA 33801</b>	
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		

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**

**4/13/03**

**863-665-3621**

CR2E037 (10/02)