

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90016 007 \*\*\*\*61.25

DOCUMENT # 746232

1. Entity Name

FLAGLER COUNTY LODGE NO. 895, LOYAL ORDER OF MOOSE

Principal Place of Business

Mailing Address

111 S. RAILROAD ST.  
BUNNELL FL 32110  
US

P.O. BOX 1809  
BUNNELL FL 32110-1809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2454773

☒ 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 32311

Name ERLAND LEMKE  
Street Address (P.O. Box Number is Not Acceptable)  
PALM TERRACE TRAILOR CT OLD MOODY BLVD  
City BUNNELL FL Zip Code 32110

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 ERLAND LEMKE

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	PD LEMKE, ERLAND P O BOX 596 N/A BUNNELL FL 32110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHROYER, GENE H RR 1 BOX 2-E BUNNELL FL 32110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A KRAMER, BRUCE M 2 EDGAR LANE PALM COAST FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCKELVIN, HERBERT P O BOX 1269 N/A BUNNELL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCKELVIN, FLOYD P O BOX 844 BUNNELL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRED GOLDSTEIN RR 1 BOX 613 N/A BUNNELL FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD HOWARD MARTIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add BUNNELL FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A EARL E. SCHACK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add P.O. 1789/2305 PUGWOOD BUNNELL FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANK ALLISON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add PALM TERRACE TRAILOR CT. BUNNELL FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAYNE OSBORNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add OLD HAW CREEK RD. BUNNELL FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Earl E. Schack* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-00 (904) 437-2343

Date

Daytime Phone #