2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748527

1. Entity Name

FT. MYERS LODGE # 1899 LOYAL ORDER OF MOOSE, INC

FILED
Apr 20, 2000 8:00 am
Secretary of State
04-20-2000 90100 034 ****61.25

Principal Place of Business	Mailing Address
11595 KELLY RD SUITE 114 FORT MYERS FL 33908 US	PO BOX 07219 FT. MYERS FL 33919-0201

DO NOT WRITE IN THIS SPACE

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 59-1024721 ☐ 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.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	G GEE, WARREN 405 NE 17 PL CAPE CORAL FL 33909	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GOVERNOR LARRY, NULL 4368 TUFTS AVE Ft Myers, Fl 33901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PG LARRY, NULL 4368 TUFLS AVE FT MYERS FL 33901	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PG GEE, WARREN 405 NE 17 PL Cape Coral, Fl 33909	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD MAKI,, WILBERT R 233 OSPREY FT. MYERS BEACH FL 33932	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JG MAYES, MAX 1711 MAIN ST., G-3 FT MYERS BCH FL 33931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLAIR, WILLIAM 15210 MEADOW CIR FT. MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAYES, JOHN 1811 MAPLE DR FT. MYERS FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Wilbert R. Maki Wilbert R. Maki ADministrator 4-13-00 941-437-3161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #