

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90243 042 \*\*\*\*61.25

**DOCUMENT # 749510**

1. Entity Name

**DAYTONA BEACH LODGE, NO. 1141, BENEVOLENT AND PR**

Principal Place of Business

**700 S. RIDGEWOOD AVENUE  
 DAYTONA BEACH FL 32114-5332  
 US**

Mailing Address

**700 S. RIDGEWOOD AVENUE  
 DAYTONA BEACH FL 32114-5332  
 US**

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 **59-0161115**

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

**NEWMAN, LETITIA  
 49 ELDA LANE  
 PORT ORANGE FL 32127**

Name  
**EMMA C. BECTON**

Street Address (P.O. Box Number is Not Acceptable)

**1199 BRENTWOOD CT**

City  
**DAYTONA BCH**

**FL**

Zip Code  
**32119-2495**

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 *Emma C Becton*

**EMMA C BECTON CS**

**4/24/01**

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          | CS                   | <input checked="" type="checkbox"/> Delete |
| NAME           | NEWMAN, LETITIA      |                                            |
| STREET ADDRESS | 49 ELDA LANE         |                                            |
| CITY-ST-ZIP    | PORT ORANGE FL 32127 |                                            |
| TITLE          | TR                   | <input checked="" type="checkbox"/> Delete |
| NAME           | BURRILL, ROBERTA     |                                            |
| STREET ADDRESS | 12 LAWRENCE CT       |                                            |
| CITY-ST-ZIP    | PORT ORANGE FL 32127 |                                            |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | SINGLETON, JOHN A    |                                            |
| STREET ADDRESS | 5413 WOOD STREET     |                                            |
| CITY-ST-ZIP    | PORT ORANGE FL       |                                            |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | KUNZ, RONALD R.      |                                            |
| STREET ADDRESS | BOX 9792 N/A         |                                            |
| CITY-ST-ZIP    | DAYTONA BEACH FL     |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          | CS                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | EMMA C. BECTON            |                                                                              |
| STREET ADDRESS | 1199 BRENTWOOD CT         |                                                                              |
| CITY-ST-ZIP    | DAYTONA BCH FL 32119-2495 |                                                                              |
| TITLE          | TR                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | WILLIS D. ARMSTRONG       |                                                                              |
| STREET ADDRESS | 888 LINDERWOOD CIR        |                                                                              |
| CITY-ST-ZIP    | ORMOND BCH FL 32174       |                                                                              |
| TITLE          | D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | EDWARD R KUHEL            |                                                                              |
| STREET ADDRESS | 230 WALL AVE              |                                                                              |
| CITY-ST-ZIP    | ORMOND BCH FL 32174-3352  |                                                                              |
| 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: *R. Kunz* **SIGNATURE REQUIRED R KUNZ** **4/24/01** **904) 255-0084**

CR2E037 (10/00)