

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 749877**

1. Entity Name

CLEARWATER LODGE NO. 1030, LOYAL ORDER OF MOOSE,

Principal Place of Business

Mailing Address

150 MCMULLEN BOOTH ROAD
CLEARWATER FL 34619150 MCMULLEN BOOTH ROAD
CLEARWATER FL 33759

2. Principal Place of Business

1101 Cleveland St.

Suite, Apt. #, etc.

3. Mailing Address

1101 Cleveland St.

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33755

Country

Zip

33755

Country

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
S	HARRINGTON, DONALD H	150 MC MULLEN BOOTH RD	CLEARWATER FL	<input checked="" type="checkbox"/>
P	MURPHY, KENNETH	2808 ANDERSON DR N	CLEARWATER FL 33761	<input type="checkbox"/>
VD	HOLBACH, JOHN F	2803 GULF TO BAY BLVD	CLEARWATER FL 33759	<input type="checkbox"/>
D	KELLY, JOHN H	3432 ST RD 580, STE #232	SAFETY HARBOR FL 34469	<input type="checkbox"/>
D	PACHUCKI, GARY R	29141 US 19 N, LOT 122	CLEARWATER FL 34621	<input type="checkbox"/>
TD	LEE, MARSH E	1325 BYRON DRIVE	CLEARWATER FL 33756	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
S	HAMMOND, DWALD G.	18675 US 19 N, LOT 125	CLEARWATER, FL. 33764	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #