

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90006 015 ****61.25

DOCUMENT # 750713

1. Entity Name

FORT PIERCE LODGE NO. 248, LOYAL ORDER OF MOOSE,

Principal Place of Business

Mailing Address

**3505 KIRBY LOOP RD.
 FORT PIERCE FL 34981
 US**

**3505 KIRBY LOOP RD.
 FORT PIERCE FL 34981-6003
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0652258

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 **P** ☒ Delete
 NAME **PEACOCK, JOHN**
 STREET ADDRESS **1102 WEATHERBEE RD**
 CITY-ST-ZIP **FT PIERCE FL 34951**

TITLE ☒ Change ☐ Addition
 NAME **LARRY J. HOWE**
 STREET ADDRESS **1008 CHARLOTTA ST**
 CITY-ST-ZIP **FT PIERCE, FL 34982**

TITLE **D** ☐ Delete
 NAME **KELLY, ROBERT A**
 STREET ADDRESS **805 E MIDWAY RD**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SELPH, GEORGE R**
 STREET ADDRESS **2873 LUCY LANE**
 CITY-ST-ZIP **FORT PIERCE FL 34981**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **SMITH, LEON D**
 STREET ADDRESS **6421 N US 1**
 CITY-ST-ZIP **FORT PIERCE FL 34948**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HORAN, ROBERT L**
 STREET ADDRESS **8021 OKEECHOBEE RD**
 CITY-ST-ZIP **FT PIERCE FL 34985**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **JOHNSON, RICK**
 STREET ADDRESS **2208 TORTUGA ST**
 CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE ☐ Change ☐ 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:

Richard Sargeant
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 May 00 (561) 468-0576

CR2E037 (9/99)