2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90042 011 ****61.25

DOCUMENT # 750713

1. Entity Name
FORT PIERCE LODGE NO. 248, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business
3216 S. US1
FORT PIERCE, FL.
34982

Mailing Address
P.O. BOX 15309
FT. PIERCE, FL.
34979-5309

552991

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 590652258
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY RD.
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RICK JOHNSON	NAME	
STREET ADDRESS	3216 S. US. 1	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 34982	CITY-ST-ZIP	
TITLE	VICE PRES. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BENJAMIN MCCREADY	NAME	
STREET ADDRESS	3216 S. US #1	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34982	CITY-ST-ZIP	
TITLE	SECRETARY ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	R. L. HORAN	NAME	
STREET ADDRESS	8021 OKEECHOBEE RD	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 34945	CITY-ST-ZIP	
TITLE	TREASURER/DIRECTOR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHN REITZ	NAME	
STREET ADDRESS	3216 S US 1	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 34982	CITY-ST-ZIP	
TITLE	DIRECTOR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAM OLNEY	NAME	
STREET ADDRESS	3216 S US 1	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 34982	CITY-ST-ZIP	
TITLE	DIRECTOR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRESTON MERRYMAN	NAME	
STREET ADDRESS	3216 S. US #1	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 34982	CITY-ST-ZIP	

CR2E037 (11/00)

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. L. Horan — 24 APR 01 — (561) 429-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #