

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90210 032 \*\*\*\*\*61.25

**DOCUMENT # 751435**

1. Entity Name  
**DELAND LODGE NO. 1126, LOYAL ORDER OF MOOSE, INC**



Principal Place of Business

**614 SO. ALABAMA AVE  
PO BOX 0045  
DELAND FL 32724  
US**

Mailing Address

**614 S. ALABAMA AVE.  
PO BOX 0045  
DELAND FL 32721-7045**

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 **59-0608332**

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 32311**

Name **THOMAS GIBBONS**

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

**639 WEST MAY ST,**

City **DELAND**

**FL**

Zip Code **32720**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **THOMAS GIBBONS ADMINISTRATOR Thomas Gibbons 1-16-03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **GD MARRISON, DON**  
STREET ADDRESS **1959 PIFER TERR.**  
CITY-ST-ZIP **DELTONA FL 32738**

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

TITLE ☐ Delete  
NAME **TD GIBBONS, THOMAS**  
STREET ADDRESS **639 MAY ST.**  
CITY-ST-ZIP **DELAND FL 32720**

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

TITLE ☒ Delete  
NAME **TD CHASE, HARVEY SR**  
STREET ADDRESS **1260 LINDEN WAY**  
CITY-ST-ZIP **DELAND FL**

TITLE ☒ Change ☐ Addition  
NAME **TREASURER MARRISON DONALD A. JR.**  
STREET ADDRESS **103 A.P.F**  
CITY-ST-ZIP **VILLACAPRI CIRCLE DELAND FL 32724-3042**

TITLE ☐ Delete  
NAME **JGD DAVIS, WALTER**  
STREET ADDRESS **55630 JAMES ST.**  
CITY-ST-ZIP **ASTOR FL 32102**

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

TITLE ☐ Delete  
NAME **T WILLIAMSON, VIRGIL**  
STREET ADDRESS **7125 PLAMETTON AVE.**  
CITY-ST-ZIP **DELAND FL 32720**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **ADM. THOMAS GIBBONS** **1-16-03** **386 734-2446**

CR2E037 (10/02)