

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752240

Entity Name

JACKSONVILLE LODGE NO. 455, LOYAL ORDER OF MOOSE
INC.

Principal Place of Business

3834 SOUTHSIDE BLVD
JACKSONVILLE FL 32216
US

Mailing Address

MOOSE INC.
PO BOX 16484
JACKSONVILLE FL 32245-6484

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0306273

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

BROWN, JOHN W
9775 CREEKFRONT ROAD, APT. 1703
JACKSONVILLE FL 32256

Name

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

City

FL

Zip Code

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

0. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BURDEN, RONNIE L | |
| STREET ADDRESS | 12372 PULASKI ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | KISH, KENNETH | |
| STREET ADDRESS | 5313 TILTING OAK CT. E | |
| CITY-ST-ZIP | JACKSONVILLE FL 32258 | |
| TITLE | G | <input type="checkbox"/> Delete |
| NAME | COCHRAN, STEVE | |
| STREET ADDRESS | 5660 MEAKIE ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |
| TITLE | JPG | <input type="checkbox"/> Delete |
| NAME | SCOTT, BILL | |
| STREET ADDRESS | 3040 WALTON ST | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | A | <input type="checkbox"/> Delete |
| NAME | BROWN, JOHN | |
| STREET ADDRESS | 9775 CREEK FRONT RD. APT. 1703 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | DENT, CHARLES P | |
| STREET ADDRESS | 2953 REX DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |

| | |
|----------------|---|
| 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 | |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

2. 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 REQUIRED John W. Brown 2-7-02

904-641-6688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)