

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90015 023 ****61.25

DOCUMENT # 764243

1. Entity Name

CARILLON LODGE #880 I B P O E OF W OF LAKE WALES

Principal Place of Business

Mailing Address

WALES, FLORIDA, INCORPORATED
47 B. STREET
LAKE WALES FL 33853

WALES, FLORIDA, INCORPORATED
47 B. STREET
LAKE WALES FL 33853-3600

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

59-1698867

Applied For

Not Applied

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

DAVIS, WILLIE D
47 B. STREET
LAKE WALES FL 33853

DECEASED

Name **CHARLES EDWARD STINSON**

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

217 DORSETT AV.

City **LA. WALES**

FL

Zip Code **33853**

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]

(NOTE: Registered Agent signature required when reinstating)

1-10-00

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 **D** ☐ Delete
NAME **WILCOX, BYRON C**
STREET ADDRESS **1703 2ND ST. NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Delete
NAME **OZELL, WILSON**
STREET ADDRESS **P.O. BOX 442 (N/A)**
CITY-ST-ZIP **LAKE WALES, FL**

TITLE **D** ☐ Delete
NAME **BARNES, STANLEY**
STREET ADDRESS **P.O. BOX 2323 (N/A)**
CITY-ST-ZIP **LAKE WALES FL 33859-2323**

TITLE **D** ☐ Delete
NAME **WASHINGTON, DARRELL G**
STREET ADDRESS **529 LINCOLN AVE.**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ Delete
NAME **WELDON LAWSON**
STREET ADDRESS **605 3RD ST**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **D** ☐ Delete
NAME **MOSES, THOMAS**
STREET ADDRESS **1746 TERRY CIR NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-2000 **863**
678-441