

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90092 017 ****61.25

DOCUMENT # 764243

1. Entity Name

**CARILLON LODGE #880 I B P O E OF W OF LAKE WALES
, FLORIDA, INCORPORATED**

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**

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 Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STINSON, CHARLES E
217 DORSETT AV
LAKE WALES FL 33853**

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

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

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

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

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

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

44124

2/21/02 863 678-4412