

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # 768851

1. Entity Name

FOUR TOWNES LODGE NO. 655, LOYAL ORDER OF MOOSE.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90021 007 \*\*\*\*70.00

Principal Place of Business  
 201 BENSON JCT RD.  
 DEBARY FL 32713  
 US

Mailing Address  
 P.O. BOX 1033  
 DEBARY FL 32713-1033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2265204

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

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

*Keith Bradshaw*  
 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	<input checked="" type="checkbox"/> Delete
NAME	HANK PARKER	
STREET ADDRESS	1382 WORTHINGTON DR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JAMES	
STREET ADDRESS	315 RIVERA DRIVE	
CITY-ST-ZIP	DE BARY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHN LAMPE	
STREET ADDRESS	1725 W BLUE SPRINGS DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADSHAW, KEITH	
STREET ADDRESS	96 DIRKSON DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTUCCI, RON	
STREET ADDRESS	974 ELEANOR	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVERLY, THOMAS A	
STREET ADDRESS	1951 N PORTILLO DR	
CITY-ST-ZIP	DELTONA FL 32738	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Admins. Bradshaw, Keith	
STREET ADDRESS	96 DIRKSON DR.	
CITY-ST-ZIP	DeBary, FL. 32713	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	G. Martucci, Ron	
STREET ADDRESS	974 ELEANOR	
CITY-ST-ZIP	DelTona, FL. 32725	
TITLE	JAG.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chrisomalis, John	
STREET ADDRESS	265 Valencia	
CITY-ST-ZIP	DeBary, FL. 32713	
TITLE	Prelate	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gochal, Gerry	
STREET ADDRESS	17 Surrey Rd.	
CITY-ST-ZIP	DeBary, FL. 32713	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blauth, Bill	
STREET ADDRESS	50 Hydrangea Ln.	
CITY-ST-ZIP	DeBary, FL. 32713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Keith Bradshaw*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00 407-668-0058  
 Date Daytime Phone #

CFE037 (9/99)