

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90325 042 \*\*\*\*61.25

0072285

**DOCUMENT # 768851**

1. Entity Name

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



Principal Place of Business

**201 BENSON JCT RD.  
DEBARY FL 32713  
US**

Mailing Address

**P.O. BOX 531023  
DEBARY FL 32753-1023**

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 **59-2265204**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.  
3953 WW KELLEY ROAD  
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PARKER, HANK</b>	
STREET ADDRESS	<b>1382 WORTHINGTON DR.</b>	
CITY-ST-ZIP	<b>DELTONA FL 32738-6142</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KITTREDGE, KEVIN</b>	
STREET ADDRESS	<b>293 DELEON ROAD</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JACOBS, CLARENCE</b>	
STREET ADDRESS	<b>740 CLOUDCROFT DRIVE</b>	
CITY-ST-ZIP	<b>DELTONA FL 32738</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRADSHAW, KEITH</b>	
STREET ADDRESS	<b>96 DIRKSON DR</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARTUCCI, RON</b>	
STREET ADDRESS	<b>974 ELEANOR</b>	
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HECK, LUDWIG M</b>	
STREET ADDRESS	<b>543 DEED CIRCLE</b>	
CITY-ST-ZIP	<b>DELTONA FL 32738-8410</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert Garcia</b>	
STREET ADDRESS	<b>1299 Saxon Blvd</b>	
CITY-ST-ZIP	<b>Deltona, FL 32725</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert Collette</b>	
STREET ADDRESS	<b>58 Lantana Drive</b>	
CITY-ST-ZIP	<b>DeBary, FL 32713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ronald Bishop</b>	
STREET ADDRESS	<b>244 Lakewood</b>	
CITY-ST-ZIP	<b>DeBary, FL 32713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fred Gonzalezes</b>	
STREET ADDRESS	<b>1212 Lawrence Avenue</b>	
CITY-ST-ZIP	<b>Deltona, FL 32725</b>	
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)(l), 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

4-29-03

386-668-0058

CR2E037 (10/02)