

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90031 016 ****61.25

DOCUMENT # N00000002693

1. Entity Name

MURDOCK LODGE NO. 2554, LOYAL ORDER OF MOOSE, IN

Principal Place of Business

4294 TREE TOPS DR.
 PT. CHARLOTTE FL 33953

Mailing Address

4294 TREE TOPS DR.
 PT. CHARLOTTE FL 33953

2. Principal Place of Business

NONE AT PRESENT

3. Mailing Address

P.O. Box 27027

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL JOBEAN, FL.

4. FEI Number

91-2029762

Applied For

Not Applicable

Zip

Country

Zip

Country

33927

U.S.

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
3953 W W KELLY RD.
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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BEGLEY, DONALD 3737 EL JO BEAN RD. PT. CHARLOTTE FL 33953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUBALSKI, JERRY 3737 EL JO BEAN RD. PT. CHARLOTTE FL 33953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEYERS, KENNETH 4294 TREE TOPS DR. PT. CHARLOTTE FL 33953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GATTONE, TOM 17107 EDGEWATER DR. PT. CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEUCKMAN, DONALD 7357 TISA AVE. PT. CHARLOTTE FL 33981	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENCIA, PETE 1192 WATERSIDE ST. PT. CHARLOTTE FL 33954	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KENNETH MEYERS 22 WHITE MARSH LANE ROTONDA WEST, FL. 33947	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JEAN COURVAL 642 VIGORNA STREET PORT CHARLOTTE, FL. 33948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JR. PAST GOVERNOR HAROLD SOMMERS 3737 EL JOBEAN ROAD PORT CHARLOTTE, FL. 33953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRELATE MICHAEL MILLER 12307 LAMONTIER DRIVE PUNTA GORDA, FL. 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Kenneth F. Meyers* **KENNETH F. MEYERS** 2/5/01 941-628-0470
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

CR2E037 (10/00)