

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002693

1. Entity Name

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

Principal Place of Business

4294 TREE TOPS DR.
PT. CHARLOTTE FL 33953

Mailing Address

P O BOX 27027
EL JOBEAN FL 33927

2. Principal Place of Business

4212 N. Access Rd

3. Mailing Address

P.O. Box 281

Suite, Apt. #, etc.

Units C + D

Suite, Apt. #, etc.

City & State

Englewood, Florida

City & State

Englewood, Florida

Zip

34223

Country

Charlotte

Zip

34295-0281

Country

Sarasota

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES
3953 W W KELLY RD.
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.

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BEGLEY, DONALD	
STREET ADDRESS	3737 EL JO BEAN RD.	
CITY-ST-ZIP	PT. CHARLOTTE FL 33953	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KUBALSKI, JERRY	
STREET ADDRESS	3737 EL JO BEAN RD.	
CITY-ST-ZIP	PT. CHARLOTTE FL 33953	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEYERS, KENNETH	
STREET ADDRESS	22 WHITE MARSH LANE	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	T	<input type="checkbox"/> Delete
NAME	COURVAL, JEAN	
STREET ADDRESS	642 VERONA STREET	
CITY-ST-ZIP	PT. CHARLOTTE FL 33948	
TITLE	JRPG	<input type="checkbox"/> Delete
NAME	SOMMERS, HAROLD	
STREET ADDRESS	3737 EL JOBEAN RD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	PRE	<input type="checkbox"/> Delete
NAME	MILLER, MICHAEL	
STREET ADDRESS	12307 LAMONTIER DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33955	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spisak, Daniel	
STREET ADDRESS	1425 Corles Dr	
CITY-ST-ZIP	Englewood, Florida 34223-3507	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Focher, John	
STREET ADDRESS	6183 Sturgis St.	
CITY-ST-ZIP	Englewood, FL 34224-8920	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cooper, Donald R.	
STREET ADDRESS	1582 Overbrook Rd	
CITY-ST-ZIP	Englewood, Florida 34223	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Avery, Thomas W.	
STREET ADDRESS	9300 Galaxie Circle	
CITY-ST-ZIP	Pt Charlotte, Florida 33981	
TITLE	JRPG	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Snedeker, Steven	
STREET ADDRESS	24540 Waborview F-4	
CITY-ST-ZIP	Pt Charlotte, Florida 33980	
TITLE	PRE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boyd, Albert	
STREET ADDRESS	4523 Brownie Rd	
CITY-ST-ZIP	Pt Charlotte, Florida 33953	

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: Donald R. Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90196 029 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)