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

## DOCUMENT # N01000001151

1. Entity Name



**FILED** Jan 21, 2003 8:00 am Secretary of State
01-21-2003 90192 046 \*\*\*\*61.25

FRIENDS INC.	SHIP LODGE OSIA SONS OF	ITALY LODGE #2728			01-21-2005	0172 040	01	.23
Principal Pla	lace of Business	Mailing Address		_				
PO BOX 3704 SPRING HILL FL 34606		PO BOX 3704 SPRING HILL FL 34606						
2. Principal	I Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State			CHECK HERE IF MAKING CHANGES			
		City & State		4. FEI Nu	mber NOT APPLIC	ABLE		pplied For lot Applicable
Žip	Country	Zip	Country	5. Certific	ate of Status Desired		75 Ac	lditional
	6. Name and Address of Current	t Registered Agent		7. Name a	ind Address of New R		•	<del>eu</del>
· =	IACPRI I		Name_					
LEMMO, JOSEPH 5175 HAMLET CIRCLE		Street Address		ddress (P.O. Box Nur	nber is Not Acceptable	9)	_	<u> </u>
	HILL FL 34606						_	<del></del>
			City	<del></del>	· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	de
8. The abov	/e named entity submits this statement for	or the purpose of changing its	reaistered office or	registered agent, or	hoth, in the State of Flo		liar with	and accept
SIGNATURE	ations of registered agent.  Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signatur	re required when reinstating)		DATE	<u>.                                    </u>	
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	FILE NOW: FEE IS \$61.25	9. Election Carn Trust Fund Co		\$5.00 Ma Added to Fe	y Be Mai es - Florid	ke Check Pa la Departme	ayable ent of !	to State
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10. TITLE NAME	OFFICERS AND DI	Trust Fund Co	ontribution. [	☐ Added to Fe	es Florid	la Departme	TORS IN	State
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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:

1-11-03