2003 NOT-FOR-PROFIT CORPORATION

Mailing Address

8908 LAKE SUNSET

3. Mailing Address

TAMPA FL 33626

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0100007370

1. Entity Name NORTH HILLSBORO LODGE NO. 1741, LOYAL ORDER OF M OOSE, INC.

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

2. Principal Place of Business

LEXIS DOCUMENT SERVICES INC.

the obligations of registered agent.

3953 WW KELLEY ROAD TALLAHASSEE FL 32311

MORSE LODG Suite, Apt. #, etc.

8908 LAKE SUNSET

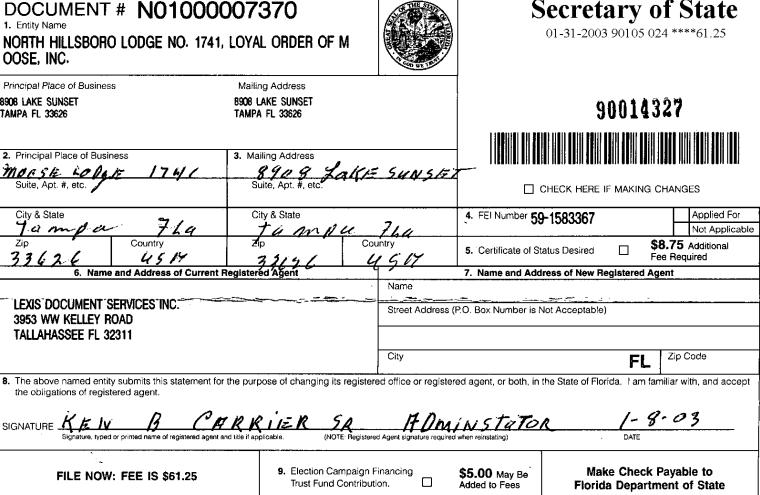
TAMPA FL 33626

70

Zip

Jan 31, 2003 8:00 am Secretary of State

FILED



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/CHANGI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DS ·	☐ Delete	TITLE		Change	☐ Addition
NAME	CARRIER, KEN B		NAME		_ •	_
STREET ADDRESS	8908 LAKE SUNSET		STREET ADDRESS			Ì
CITY-ST-ZIP	TAMPA FL 33626		CITY-ST-ZIP			
TITLE	DP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	TIQUE, MIKE		NAME		_ ,	_
STREET ADDRESS	8908 LAKE SUNSET		STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33626		City-St-ZIP			
TITLE	TD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	STRATTIS, GEO		NAME - ···	in the second of	و بدر به کید میکند کرد کی میکند در است.	,
STREET ADDRESS	8908 LAKE SUNSET		STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33626		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	-	☐ Change	☐ Addition
NAME			NAME		•	Ì
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME			NAME			-

12. Thereby 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP