

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90105 024 ****61.25

DOCUMENT # NO1000007370

1. Entity Name

**NORTH HILLSBORO LODGE NO. 1741, LOYAL ORDER OF M
OOSE, INC.**



Principal Place of Business

**8908 LAKE SUNSET
TAMPA FL 33626**

Mailing Address

**8908 LAKE SUNSET
TAMPA FL 33626**

90014327



2. Principal Place of Business

Moose Lodge 1741
Suite, Apt. #, etc.

3. Mailing Address

8908 Lake Sunset
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number **59-1583367**

Applied For

Not Applicable

Zip

33626

Country

USA

Zip

33626

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 **KEN B CARRIER SR Administrator** **1-8-03**
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

TITLE **DS** ☐ Delete
NAME **CARRIER, KEN B**
STREET ADDRESS **8908 LAKE SUNSET**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **DP** ☐ Delete
NAME **TIQUE, MIKE**
STREET ADDRESS **8908 LAKE SUNSET**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **TD** ☐ Delete
NAME **STRATTIS, GEO**
STREET ADDRESS **8908 LAKE SUNSET**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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: **KEN B CARRIER SR** **1-8-03** **813 920 3357**

CR2E037 (10/02)