

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90175 002 ****61.25

DOCUMENT # N01200

1. Entity Name

NORTH PORT LODGE NO. 764, LOYAL ORDER OF MOOSE, INC.



Principal Place of Business

LOYAL ORDER OF MOOSE LODGE #764
14156 TAMiami TRAIL
NORTH PORT, FL 34287-2209

Mailing Address

14156 TAMiami TRAIL
~~14156 TAMiami TRAIL~~
NORTH PORT FL 34287

20015349



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2363059**

Applied For

Not Applicable

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 32301

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

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	SD	<input checked="" type="checkbox"/> Delete
NAME	ADELMAN, STAN	
STREET ADDRESS	3980 RAGEN ST	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HATCH, NORM	
STREET ADDRESS	4513 POCATELLA AVE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	P	<input type="checkbox"/> Delete
NAME	HART, CHIP	
STREET ADDRESS	5621 GARRISON AVE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KLINE, ALLEN	
STREET ADDRESS	3138 IDLEWOOD ST	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CORBIN, ROY	
STREET ADDRESS	3799 N BISCAYNE DR	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWIFT, MIKE	
STREET ADDRESS	17101 RALEIGH AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFUS FLYNN	
STREET ADDRESS	6901 BERKADEN BLVD	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	CLEM RICCIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5119 EARLY TER	
STREET ADDRESS	NORTH PORT, FL. 33981	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL HEDRICK	
STREET ADDRESS	528 BERTHOUD ST	
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33953	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM BAER	
STREET ADDRESS	6541 EAGLE ST	
CITY-ST-ZIP	NORTH PORT FL. 34287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03

Date

Residence Phone #

CR2E037 (10/02)