

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11686

1. Entity Name

SOUTH ORLANDO LODGE, NO. 2694 BENEVOLENT AND PRO

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90124 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

333 EAST OAKRIDGE RD  
P O BOX 5912156  
ORLANDO FL 32809  
US

P.O. BOX 592156  
P O BOX 5912156  
ORLANDO FL 32859-2156  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2636179

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOMACK, JAMES H  
1120 PLATO AVE  
ORLANDO FL 32809

Name

Michael A. Carr

Street Address (P.O. Box Number is Not Acceptable)

7909 Skyview Drive

City

Orlando

FL

Zip Code

32809

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

*Michael A. Carr*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/2000

DATE

**FILE NOW:**  
**FEES 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROPER, PAUL  
CITY-ST-ZIP 1023 RIDGECREST RD  
ORLANDO FL

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

TITLE ☐ Delete  
NAME SEC  
STREET ADDRESS WETZEL, PAUL  
CITY-ST-ZIP 3814 E KALEY ST  
ORLANDO FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CARGILL, BRUCE  
CITY-ST-ZIP 10007 GARRISON LANE  
ORLANDO FL

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

TITLE ☐ Delete  
NAME DC  
STREET ADDRESS PIKOR, RONALD  
CITY-ST-ZIP 719 ADIDAS RD  
WINTER SPRINGS FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Paul W. Carr*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2000 (407) 853-9448

Date

Daytime Phone #

CR2E037 (9/99)