

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14209

1. Entity Name

PERRY LODGE, NO. 1851, BENEVOLENT AND PROTECTIVE

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90110 006 \*\*\*61.25

Principal Place of Business Mailing Address  
305 PUCKETT ROAD 305 PUCKETT ROAD  
P.O. BOX 986 P.O. BOX 986  
PERRY FL 32348 PERRY FL 32348-0986  
US US

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-0948317 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FOUCHE, PAUL REID  
305 PUCKETT ROAD  
PERRY FL 32347

## 7. Name and Address of New Registered Agent

Name Charles R. Joyal  
Street Address (P.O. Box Number is Not Acceptable)  
305 Puckett Rd  
City Perry FL Zip Code 32347

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 Charles R. Joyal 5-17-00  
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  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHEELER, OLISON O.	
STREET ADDRESS	204 PINELAND	
CITY-ST-ZIP	PERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, ERVIN	
STREET ADDRESS	ROUTE 5 BOX 403	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	TODD, THOMAS W	
STREET ADDRESS	ROUTE 5 BOX 246	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGNER, RAY D.	
STREET ADDRESS	ROUTE 4, BOX 528 3435 GREEN FARM RD	
CITY-ST-ZIP	PERRY FL	
TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, ROYCE E.	
STREET ADDRESS	ROUTE 3 BOX 274 PADGETT ROAD	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, KYLE G.	
STREET ADDRESS	RT. 1 BOX 230, GOLF COURSE RD N/A	
CITY-ST-ZIP	PERRY FL	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tuten, Freddie S	
STREET ADDRESS	2726 Woodcreek Rd	
CITY-ST-ZIP	Perry, FL 32347	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard H Cruce	
STREET ADDRESS	PO BOX 696	
CITY-ST-ZIP	Shady Grove, FL 32357	

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: Charles R. Joyal 5-17-00 850-584-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)