

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14209

1. Entity Name

PERRY LODGE, NO. 1851, BENEVOLENT AND PROTECTIVE

Principal Place of Business

305 PUCKETT ROAD  
P.O. BOX 986  
PERRY FL 32348  
US

Mailing Address

305 PUCKETT ROAD  
P.O. BOX 986  
PERRY FL 32348  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

JOYAL, CHARLES R  
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

Perry

City

FL

Zip Code  
32348

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

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

Charles Joyal

(NOTE: Registered Agent signature required when reinstating)

4-9-01

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 ☐ Delete  
NAME YOUNG, ERVIN  
STREET ADDRESS ROUTE 5 BOX 403  
CITY-ST-ZIP PERRY FL 32347

TITLE D ☐ Delete  
NAME TODD, THOMAS W  
STREET ADDRESS ROUTE 5 BOX 246  
CITY-ST-ZIP PERRY FL 32347

TITLE D ☐ Delete  
NAME AGNER, RAY D.  
STREET ADDRESS ROUTE 4, BOX 528 3435 GREEN FARM RD  
CITY-ST-ZIP PERRY FL

TITLE D ☒ Delete  
NAME JONES, KYLE G.  
STREET ADDRESS RT. 1 BOX 230, GOLF COURSE RD N/A  
CITY-ST-ZIP PERRY FL

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 Richard H Cruce  
STREET ADDRESS PO Box 696  
CITY-ST-ZIP SHADY GROVE, FL 32357

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

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

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

TITLE ☐ Change ☐ Addition  
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:

Charles Joyal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

Date

850-223-3952

Daytime Phone #

CR2E037 (10/00)

0015562



DO NOT WRITE IN THIS SPACE