

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20188

1. Entity Name

INDIAN RIVER LODGE NO. 2304 LOYAL ORDER OF MOOSE

Principal Place of Business

Mailing Address

3550 S. WASHINGTON AVENUE  
SUITE 3  
TITUSVILLE FL 32780  
US

3550 S. WASHINGTON AVE  
SUITE 3  
TITUSVILLE FL 32780-5662  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2862085

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

Name

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

City

FL

Zip Code

LEXIS DOCUMENT SERVICES INC.  
3953 WW KELLEY ROAD  
TALLAHASSEE FL 32311

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

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 ☒ Delete  
NAME ANDERSON, DONALD  
STREET ADDRESS 971 PALM ST.  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE P ☒ Delete  
NAME MACKEN, WILLIAM  
STREET ADDRESS 4695 SUGARTOWN ST  
CITY-ST-ZIP COCOA FL 32927

TITLE T ☐ Delete  
NAME SCOLES, LESTER  
STREET ADDRESS 1210 WESTVIEW DR  
CITY-ST-ZIP COCOA FL 32922-6468

TITLE SM ☐ Delete  
NAME HILL, EDWARD M  
STREET ADDRESS 3910 S. WASHINGTON AVENUE  
CITY-ST-ZIP TITUSVILLE FL

TITLE TR ☒ Delete  
NAME SCOLES, JOE  
STREET ADDRESS 1210 WEST VIEW DR  
CITY-ST-ZIP COCOA FL 32922-6468

TITLE TR ☐ Delete  
NAME DALLAS, JAMES  
STREET ADDRESS 137 BAHNSEN RD  
CITY-ST-ZIP TITUSVILLE FL 32780

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME BROWN, CHESTER  
STREET ADDRESS 1600 GARDEN ST #70  
CITY-ST-ZIP TITUSVILLE, FL 32786

TITLE P ☒ Change ☐ Addition  
NAME ANDERSON, DONALD  
STREET ADDRESS 730 JANA DR.  
CITY-ST-ZIP TITUSVILLE, FL 32780

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

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

TITLE TR ☒ Change ☐ Addition  
NAME RAMEY, WILLARD  
STREET ADDRESS P.O. Box 2444  
CITY-ST-ZIP TITUSVILLE, FL 32781-2444

TITLE TR ☒ Change ☐ Addition  
NAME SISSON, PAUL T.  
STREET ADDRESS 1005 KNOX MCRAE DR.  
CITY-ST-ZIP TITUSVILLE, FL 32780

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

1/24/2000

Date

407-269-2787

Daytime Phone #

FILED  
Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90014 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE