

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90064 043 ****61.25

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
 US**

00003300



DO NOT WRITE IN THIS SPACE

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

Edward M. Hill ADMINISTRATOR 1/7/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **BROWN, CHESTER**
 STREET ADDRESS **1600 GARDEN ST #70**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

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

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

TITLE **BROWN, CHESTER** ☒ Change ☐ Addition
 NAME **1600 GARDEN ST. #70**
 STREET ADDRESS **TITUSVILLE, FL 32796**
 CITY-ST-ZIP

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

TITLE **BICE, WAYNE** ☒ Change ☐ Addition
 NAME **4805 PASCO AVE.**
 STREET ADDRESS **TITUSVILLE, FL 32780**
 CITY-ST-ZIP

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

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

TITLE **TR** ☒ Delete
 NAME **RAMEY, WILLARD**
 STREET ADDRESS **P.O. BOX 2449**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **BRUBAKER, STANLEY** ☒ Change ☐ Addition
 NAME **2825 S. WASHINGTON AVE.**
 STREET ADDRESS **TITUSVILLE, FL 32780**
 CITY-ST-ZIP

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

TITLE **KING, JAMES R.** ☒ Change ☐ Addition
 NAME **795 S. KEYLARGO DR.**
 STREET ADDRESS **TITUSVILLE, FL 32780**
 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:

Edward M. Hill EDWARD M. HILL 1/7/01

Date

Daytime Phone #

321-269 2787

CR2E037 (10/00)

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