

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25032

1. Entity Name

BARTOW LODGE NO 1213, LOYAL ORDER OF MOOSE, INC.

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90018 037 \*\*\*\*61.25

Principal Place of Business

PO BOX 924  
BARTOW FL 33831-0924

Mailing Address

PO BOX 924  
BARTOW FL 33831-0924

2. Principal Place of Business

301 MOOSE LODGE RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BARTOW, FL

City & State

BARTOW, FL

4. FEI Number

59-0628102

Applied For

Not Applicable

Zip

33830

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**  
**After September 13, 2000 min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	PT SHEPHARD, RONALD 1120 SUMMERLIN AVE BARTOW FL 33830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATSON, CECIL 2430 KISSENGEN AVE BARTOW FL 33830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COMBEE, HARNEE 475 91 MINE RD #22 BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLLMER, FRED 2405 RT 60 E 34 BARTOW FL 33830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, FRED 2326 LEES CT BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARKHAM, RICHARD 124 PAUL REVERE RD BARTOW, FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARDS, WALLY 785 SUNSET DR BARTOW, FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT, TOM 6911 MAGGIE DR BARTOW, FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BENTON, DEWEY 8010 E. PALMER RD BARTOW, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

HARNEY COMBEE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)