

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26419

1. Entity Name

CLEWISTON LODGE NO. 2334, LOYAL ORDER OF MOOSE, ✓

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90043 037 ****61.25

Principal Place of Business

307 E AZTEC AVE
CLEWISTON FL 33440
US

Mailing Address

307 E AZTEC AVE
CLEWISTON FL 33440
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

65-0044674

Applied For

Not Applicable

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME DS
STREET ADDRESS HAMMOND, RICHARD
CITY-ST-ZIP K1 HORSESHOE ACERS
MOORE HAVEN FL ☐ Delete

TITLE
NAME D
STREET ADDRESS YORK, JOSEPH
CITY-ST-ZIP 1506 SASSY RD
CLEWISTON FL 33440 ☒ Delete

TITLE
NAME D
STREET ADDRESS JOHNSON, CLARENCE D
CITY-ST-ZIP 635 E VENTURA
CLEWISTON FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME P. Joseph Shaw
STREET ADDRESS 209 Kipling Dr.
CITY-ST-ZIP Clewiston, FL 33440 ☒ Change ☐ Addition

TITLE
NAME D. T.
STREET ADDRESS John McINTyre
CITY-ST-ZIP HCEI Box 749
CLEWISTON, FL 33440 ☒ Change ☐ Addition

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

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

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

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:

Richard Hammond, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-00 863 983 3954
Date Daytime Phone #

CR2E037 (5/00)