

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90067 023 ****61.25

DOCUMENT # N29398

1. Entity Name

PINE CASTLE LODGE NO. 2345, LOYAL ORDER OF MOOSE

Principal Place of Business

Mailing Address

5665 S. ORANGE AVE.
 C/O CHARLES COOPER
 ORLANDO FL 32809

5665 S. ORANGE AVE.
 C/O CHARLES COOPER
 ORLANDO FL 32809-4289

2. Principal Place of Business

5665 S. Orange Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Orlando, FL 32809

City & State

4. FEI Number
59-2915643

Applied For
 Not Applicable

Zip
 32089

Country
 Orange

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

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Delete
 NAME **G KOWAL, WAYNE**
 STREET ADDRESS **2103 BLOSSOM TERRACE**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE Delete
 NAME **PG WILSON, KIRK**
 STREET ADDRESS **2478 LAKEWAY BRANCH DR.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME **PG Olmstead, Michael**
 STREET ADDRESS **5021 St. Marie Ave.**
 CITY-ST-ZIP **Orlando, FL 32812**

TITLE Delete
 NAME **SAD COOPER, CHARLES**
 STREET ADDRESS **5802 MARLAKE DR.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME **Stimpson, Duane**
 STREET ADDRESS **4612 Green Glen Court**
 CITY-ST-ZIP **Orlando, FL 32839**

TITLE Delete
 NAME **T BENNETT, GARY W.**
 STREET ADDRESS **816 PARK VILLA CIRCLE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME **Young, James**
 STREET ADDRESS **1410 Grand Ave.**
 CITY-ST-ZIP **Orlando, FL 32805**

TITLE Delete
 NAME **T JONES, RICHARD**
 STREET ADDRESS **11873 SINDLESHAM CT.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME **Barkwell, Lloyd**
 STREET ADDRESS **3711 Merryweather Dr.**
 CITY-ST-ZIP **Orlando, FL 32812**

TITLE Delete
 NAME **T CHIESA, WILLIAM**
 STREET ADDRESS **4721 ETHANS GLENN AVE.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME **Shideler, Robert**
 STREET ADDRESS **123 E. Lake Mary Dr.**
 CITY-ST-ZIP **Orlando, FL 32839**

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: Wayne Kowal SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00 (407) 857-2345 Date Daytime Phone #

CR2E037 (9/99)