

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90005 039 ****61.25

00265936

DOCUMENT # N29398

1. Entity Name

PINE CASTLE LODGE NO. 2345, LOYAL ORDER OF MOOSE

Principal Place of Business

Mailing Address

5665 S. ORANGE AVE.
 ORLANDO FL 32809

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2915643

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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	G	<input checked="" type="checkbox"/> Delete
NAME	KOWAL, WAYNE	
STREET ADDRESS	2103 BLOSSOM TERRACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PG	<input checked="" type="checkbox"/> Delete
NAME	OLMSTEAD, MICHAEL	
STREET ADDRESS	5021 ST MARIE AVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	SAD	<input checked="" type="checkbox"/> Delete
NAME	STIMPSON, DUANE	
STREET ADDRESS	4612 GREEN GLEN CT	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, JAMES	
STREET ADDRESS	1410 GRAND AVE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BARKWELL, LLOYD	
STREET ADDRESS	3711 MERRYWEATHER DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHIDELER, ROBERT	
STREET ADDRESS	123 E LAKE MARY DR	
CITY-ST-ZIP	ORLANDO FL 32839	

TITLE	Governor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Neubecker	
STREET ADDRESS	4915 Louvre ave	
CITY-ST-ZIP	Orlando FL 32812-1025	
TITLE	PG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Jones	
STREET ADDRESS	11873 Sandleham CT	
CITY-ST-ZIP	Orlando FL 32837-5621	
TITLE	Administrator	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Kot Laba	
STREET ADDRESS	1330 Guinevere	
CITY-ST-ZIP	Casselberry FL 32707	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John King	
STREET ADDRESS	1165 Royal Palm Ave	
CITY-ST-ZIP	Orlando FL 32809	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie Ramirez	
STREET ADDRESS	4218 Tara Court	
CITY-ST-ZIP	Orlando FL 32809	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dick Bartlett	
STREET ADDRESS	7431 S Orange Ave	
CITY-ST-ZIP	Orlando FL 32809-6056	

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

DAVID H. NEUBECKER 5-1-01 407-857-9089

CR2E037 (10/00)