

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32227

1. Entity Name

NASSAU LODGE NO. 2352 LOYAL ORDER OF MOOSE, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90019 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

836 US 17 SOUTH  
P.O. BOX 1073  
YULEE FL 32097

836 US 17 SOUTH  
P.O. BOX 1073  
YULEE FL 32041-1073



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 **59-2939513**

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

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

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 ☐ Delete  
NAME **DS**  
STREET ADDRESS **SLUDER, LUTHER R**  
CITY-ST-ZIP **P.O. BOX 711 N/A**  
**YULEE FL 32097**

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

TITLE ☒ Delete  
NAME **DUPREE, DREW**  
STREET ADDRESS **1269 BLACKMON RD**  
CITY-ST-ZIP **YULEE FL 32097**

TITLE ☐ Change ☒ Addition  
NAME **T. Patrick J. Molchan**  
STREET ADDRESS **1642 Alligator Ck. Rd.**  
CITY-ST-ZIP **Fernandina Bch, FL 32034**

TITLE ☐ Delete  
NAME **DV**  
STREET ADDRESS **SHUFORD, HARRY**  
CITY-ST-ZIP **2155 JOANN RD.**  
**YULEE FL**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GEYMORE, RICHARD W**  
CITY-ST-ZIP **1228 TINYA RD**  
**YULEE FL 32097**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HATFIELD, TIM**  
CITY-ST-ZIP **P.O. BOX 1297 N/A**  
**YULEE FL**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GRANT, REGGIE**  
CITY-ST-ZIP **1433 MOSS OAK DR.**  
**YULEE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **7/ASL/DALE LUTHER R SLUDER ADM - 05-01-00 904-225-5461**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)