

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90113 031 \*\*\*\*61.25

**DOCUMENT # N32227**

1. Entity Name

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

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

*222 US 17 South*

3. Mailing Address

*P.O. Box 1073*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Yulee FL*

City & State

*Yulee FL*

Zip

*32097*

Country

Zip

*32041*

Country

4. FEI Number

**59-2939513**

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**

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	DS SLUDER, LUTHER R P.O. BOX 711 N/A YULEE FL 32097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOLCHAN, PATRICK J 1642 ALLIGATOR CK RD FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHUFORD, HARRY 2155 JOANN RD. YULEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEYMORE, RICHARD W 1228 TINYA RD YULEE FL 32097	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATFIELD, TIM P.O. BOX 1297 N/A YULEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, REGGIE 1433 MOSS OAK DR. YULEE FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Aldridge, Clarence 288 Miner Rd. Yulee, FL 32097	<input type="checkbox"/> Change <input checked="" 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	D Seymour, Richard Wayne 1228 TINYA RD Yulee FL 32097	<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	D King, Clarence P.O. Box 459 Yulee, FL 32041	<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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Luther R. Sluder Administrator*

Date

*4/19/01*

Daytime Phone #

*(904) 225-0976*

CR2E037 (10/00)