

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/11

**FILED**

**Apr 27, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90006 034 \*\*\*\*61.25

**DOCUMENT # N37849**

1. Entity Name

**FORT WALTON BEACH LODGE NUMBER 44, FRATERNAL ORD**

Principal Place of Business

Mailing Address

P.O. BOX 965

FT WALTON BEACH FL 32549-0965

P.O. BOX 965

FT WALTON BEACH FL 32549-0965

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3011625**

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

**BROWN, TIM**  
**3583 BUCKHORN DRIVE**  
**CRESTVIEW FL 32536**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**02-07-00**

**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 PD ☐ Delete  
NAME BROWN, TIMOTHY  
STREET ADDRESS 3583 BUCKHORN DRIVE  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE D ☒ Delete  
NAME SPINELLA, STEPHEN  
STREET ADDRESS C/O 5 HOLLYWOOD BLVD NE  
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE D ☒ Delete  
NAME HOLLAND, GENE  
STREET ADDRESS C/O 5 HOLLYWOOD BLVD NE  
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME ROBERT S. HULL  
STREET ADDRESS 405 HOLLYWOOD BOULEVARD, NE  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE SECRETARY ☐ Change ☒ Addition  
NAME LAURIE A. KELLER  
STREET ADDRESS 405 HOLLYWOOD BOULEVARD, NE  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE TREASURER ☐ Change ☒ Addition  
NAME MICHAEL J. HOGAN  
STREET ADDRESS 405 HOLLYWOOD BOULEVARD, NE  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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

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:

*[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-07-00**

Date

**651-7361**

Daytime Phone #