

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37849

1. Entity Name

FORT WALTON BEACH LODGE NUMBER 44, FRATERNAL ORD

Principal Place of Business

P.O. BOX 965  
FT WALTON BEACH FL 32549-0965

Mailing Address

P.O. BOX 965  
FT WALTON BEACH FL 32549-0965

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3011625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, TIM  
3583 BUCKHORN DRIVE  
CRESTVIEW FL 32536

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]*

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

TITLE VD ☐ Delete  
NAME HULL, ROBERT S  
STREET ADDRESS C/O 5 HOLLYWOOD BLVD NE  
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE SD ☐ Delete  
NAME KELLER, LAURIE A  
STREET ADDRESS C/O 5 HOLLYWOOD BLVD NE  
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE T ☐ Delete  
NAME HOGAN, MICHAEL J  
STREET ADDRESS C/O HOLLYWOOD BLVD NE  
CITY-ST-ZIP FORT WALTON BEACH FL 32548

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 Director ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90043 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)