

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90047 041 ****70.00

DOCUMENT # N93000003075

1. Entity Name

MIDDLEBURG LODGE NO. 2410, LOYAL ORDER OF MOOSE,

Principal Place of Business

2620 BLANDING BLVD
 #26
 MIDDLEBURG FL 32068
 US

Mailing Address

P O BOX 2062
 MIDDLEBURG FL 32050-2062
 US

2. Principal Place of Business

1932 Long Bay Road

3. Mailing Address

P.O. Box 2062

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIDDLEBURG

City & State

MIDDLEBURG

4. FEI Number

59-3175860

Applied For

Not Applicable

Zip

32068

Country

FL

Zip

32050

Country

FL

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 W.W. KELLEY RD.
 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

Frank Starnes

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

OK #399

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 **P BELT, STEVEN**
 STREET ADDRESS **2559 HOLLYHOCK AVE.**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE Change Addition
 NAME **D Belt Steven**
 STREET ADDRESS **2559 Hollyhock Ave**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE Delete
 NAME **VP CHAFFIN, GEORGE**
 STREET ADDRESS **P.O. BOX 628**
 CITY-ST-ZIP **MIDDLEBURG FL 32050**

TITLE Change Addition
 NAME **VP BERMAN, PETE G**
 STREET ADDRESS **8182 KILLKELLY LN. So.**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE Delete
 NAME **T PADGETT, LESLIE L JR.**
 STREET ADDRESS **P.O. BOX 2893**
 CITY-ST-ZIP **MIDDLEBURG FL 32050-2893**

TITLE Change Addition
 NAME **T MARK SIROIS**
 STREET ADDRESS **622 FILMORE ST. #134 A**
 CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE Delete
 NAME **SD STURGEN, JAMES L**
 STREET ADDRESS **2861 THOMAS COURT**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE Change Addition
 NAME **→ Same**
 STREET ADDRESS **→ Same**
 CITY-ST-ZIP **→ Same**

TITLE Delete
 NAME **D RODMAN, RONALD W**
 STREET ADDRESS **4955 MARGUERITE STREET**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE Change Addition
 NAME **D JOSEPH T. TAYLOR**
 STREET ADDRESS **5020 BEAT TWIS RD**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE Delete
 NAME **D LIKENS, WILLIAM**
 STREET ADDRESS **4541 JOHNS CEMETARY ROAD**
 CITY-ST-ZIP **MIDDLEBURG FL**

TITLE Change Addition
 NAME **D DAVID T. BOWEN**
 STREET ADDRESS **3197 SCENIC DRIVE**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

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* *Starnes*

4/20/00 (904) 278-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DATE: 05/01/2000