

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90026 020 ****61.25

DOCUMENT # N93000003075

1. Entity Name

MIDDLEBURG LODGE NO. 2410, LOYAL ORDER OF MOOSE, INC.

Principal Place of Business

Mailing Address

1932 LONG BAY RD.
 MIDDLEBURG FL 32068
 US

P O BOX 2062
 MIDDLEBURG FL 32050
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3175860

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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 _____

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	D	<input type="checkbox"/> Delete
NAME	BELT, STEVEN	
STREET ADDRESS	2559 HOLLYHOCK AVE.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BINKLEY, KEN	
STREET ADDRESS	122 MANGO DRIVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HAMM, DONALD	
STREET ADDRESS	2011 ASHTON	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STURGEN, JAMES L	
STREET ADDRESS	2861 THOMAS COURT	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, RUSSELL	
STREET ADDRESS	232 ALDERE GATE STREET	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEWELL, ROBBIE	
STREET ADDRESS	7191 COTTONWOOD COURT	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEWELL ROBBIE	
STREET ADDRESS	7191 COTTONWOOD CT	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLIE W. PADGETT SR	
STREET ADDRESS	PO. Box 2893	
CITY-ST-ZIP	ORANGE PARK FL 32067-2893	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES W. CLARK III	
STREET ADDRESS	1966 CANDLEWOOD CT	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN R. WEARN	
STREET ADDRESS	17000 AVE	
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 (Surgeon)

4/23/02 (904) 278-1225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)