

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90134 045 ****61.25

0076773

DOCUMENT # N94000000015

1. Entity Name

ARCADIA LODGE, NUMBER 1524, BENEVOLENT AND PROTE

Principal Place of Business

**1028 WEST OAK STREET
ARCADIA FL**

Mailing Address

**1028 WEST OAK STREET
ARCADIA FL**

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

65-0478967

Applied For

Not Applicable

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

**KEENE, KEITH
615 W. EFFIE STREET
ARCADIA FL 34266**

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** ☐ Delete
NAME **ALLEN, ROBERT**
STREET ADDRESS **P.O. BOX 1269**
CITY-ST-ZIP **ARCADIA FL 34265**

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

TITLE **T** ☐ Delete
NAME **VICKERS, DEBBIE**
STREET ADDRESS **34 GLENDORA CT**
CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE **D** ☐ Delete
NAME **GEORGES, RICK**
STREET ADDRESS **63 RIO VISTA RD**
CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE **D** ☒ Delete
NAME **BISHOP, DAVID**
STREET ADDRESS **1014 W HICKORY**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☐ Change ☒ Addition
NAME **D Carl Gause**
STREET ADDRESS **2462 SW Thigpen Ave.**
CITY-ST-ZIP **Arcadia, FL 34266**

TITLE **S** ☐ Delete
NAME **KEENE, KEITH**
STREET ADDRESS **615 WEST EFFIE STREET**
CITY-ST-ZIP **ARCADIA FL**

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

TITLE **D** ☐ Delete
NAME **BURNS, BRIAN T**
STREET ADDRESS **3662 N.W. CNTY RD. 661**
CITY-ST-ZIP **ARCADIA FL**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-2001 863-993-4604

CR2E037 (10/00)