1/19/00-90108-041-$61.25-$61.25

DOCUMENT # N94000003046

1. Entity Name

SEMINOLE MOOSE LEGION NO. 81, INC.

FILED

00 FEB 24 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

602410

1/19/00 90108 041 $61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
MR. DONALD BIDDLE 10758 APPALOOSA DR. JACKSONVILLE FL 32257	MR. DONALD BIDDLE 10758 APPALOOSA DR. JACKSONVILLE FL 32257-1245

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 23-7134036 ☐ 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
~~CT CORPORATION SYSTEM~~ 1200 S. PINE ISLAND RD. PLANTATION FL 33324	Name LEXIS Document Services A member of the Reed Elsevier plc group 3953 WW Kelley Rd, Tallahassee FL 32311 ~~[illegible] Chicago IL 60603~~

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] Secretary — January 10, 2000
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	TITLE	☐ Change ☐ Addition
NAME	PRINGLE, ROBERT J JR.		NAME	
STREET ADDRESS	STAR ROUTE BOX 479		STREET ADDRESS	
CITY-ST-ZIP	CRESTCENT FL 32112		CITY-ST-ZIP	
TITLE	P, D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	JOHN E. PRUDHOMME, JR.		NAME	
STREET ADDRESS	POST OFFICE BOX 172		STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY, FL 32063-		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BIDDLE, DONALD F		NAME	
STREET ADDRESS	10758 APPALOOSA DR.		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257-1245		CITY-ST-ZIP	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FOX, ROBERT		NAME	
STREET ADDRESS	7290 HONDA DRIVE		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COYNE, KEVIN		NAME	
STREET ADDRESS	1632 LISA DAWN DR.		STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP	
TITLE	F		TITLE	☒ Change ☐ Addition
NAME	JESSE W McKENZIE, JR.		NAME	
STREET ADDRESS	15500 NEW KINGS ROAD N.		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32219-9607		CITY-ST-ZIP	

CR2E037 (9/99)

KE

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 [signature] — 2 January 2000 — 904-880-5051

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