2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90352 038 ****70.00

DOCUMENT # N94000003046

1. Entity Name

SEMINOLE MOOSE LEGION NO. 81, INC.

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

DO NOT WRITE IN THIS SPACE

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
LEXIS COUMENT SERVICES 3953 WW 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C TOWNSEND, RICHARD 11485 SW 84TH AVENUE ROAD OCALA FL 34481	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RICHARD TOWNSEND 11485 SW 84th AV RD OCALA FL 34481-5082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GEIER, BERNARD J POST OFFICE BOX 454 GEORGETOWN FL 32139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BIDDLE, DONALD F 10758 APPALOOSA DR. JACKSONVILLE FL 32257-1245	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FD BARBER, CHARLES T POST OFFICE BOX 11 MACCLENNY FL 32063-0011	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FD LYON, RICHARD K SR 13390 SE 32ND COURT BELLEVIEW FL 34420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAPWELL, ANDREW W POST OFFICE BOX 283 FORT WHITE FL 32055	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past Pr. President Andrew W. Capwell P.O.Box 283 Fort White, Fl -32038	☒ Change ☐ Addition

CR2E037 (9/01)

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 April 14th, 2002 904-880-5051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #