

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004373

1. Entity Name

WAUCHULA LODGE, NO. 1700, BENEVOLENT AND PROTECT



FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90002 002 ****61.25

Principal Place of Business

Mailing Address

318 WEST MAIN STREET
 WAUCHULA FL 33873

318 WEST MAIN STREET
 WAUCHULA FL 33873-2824

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0760435

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RAMON DISHARON
 318 WEST MAIN STREET
 WAUCHULA FL 33873

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 Delete
 NAME WALDRON, GERALD G
 STREET ADDRESS 212 NORTH 1ST AVENUE
 CITY-ST-ZIP WAUCHULA FL 33873

TITLE Change Addition
 NAME Hooker, Lenora
 STREET ADDRESS P.O. Box 715
 CITY-ST-ZIP Wauchula, Fla. 33873

TITLE Delete
 NAME LAMBERT, MARK
 STREET ADDRESS PO BOX 1513
 CITY-ST-ZIP WAUCHULA FL 33873

TITLE Change Addition
 NAME Woodburn, Sohn
 STREET ADDRESS P.O. Box 113
 CITY-ST-ZIP Wauchula, Fla. 33873

TITLE Delete
 NAME WALDRON, ALISHA
 STREET ADDRESS 421 DANSBY RD.
 CITY-ST-ZIP WAUCHULA FL 33873

TITLE Change Addition
 NAME Keith, Herman
 STREET ADDRESS P.O. Box 69
 CITY-ST-ZIP 2018 Springs, Fla. 33890

TITLE Delete
 NAME DISHARON, WANDA
 STREET ADDRESS P.O. BOX 715 N/A
 CITY-ST-ZIP WAUCHULA FL

TITLE Change Addition

TITLE Delete
 NAME GILL, BOB P.E.R.
 STREET ADDRESS NE LOCKMILLER ROA
 CITY-ST-ZIP ZOLOFO SPRINGS FL 33834

TITLE Change Addition

TITLE Delete
 NAME ANDERSON, HELEN
 STREET ADDRESS PO BOX 114
 CITY-ST-ZIP ZOLOFO SPRINGS FL 33890

TITLE Change Addition

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: *Ramon Disharon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-00

863-773-3490

Date

Daytime Phone #

CF 037 19/99