

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90007 012 ****61.25

DOCUMENT # N95000004373

1. Entity Name

WAUCHULA LODGE, NO. 1700, BENEVOLENT AND PROTECT

Principal Place of Business

**318 WEST MAIN STREET
 WAUCHULA FL 33873**

Mailing Address

**318 WEST MAIN STREET
 WAUCHULA FL 33873**

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

39-1090951

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

**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

Ramon Disharon

Ramon Disharon

4-1-01

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 **0**
 STREET ADDRESS ~~HOOKER, LENORA~~ *Hooten*
 CITY-ST-ZIP **P.O. BOX 715
 WAUCHULA FL 33873**

TITLE ☒ Delete
 NAME **0**
 STREET ADDRESS **WOODBURN, JOHN**
 CITY-ST-ZIP **P.O. BOX 1913
 WAUCHULA FL 33873**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **LEIGH, HOMER**
 CITY-ST-ZIP **P.O. BOX 1609
 ZOLFO SPRINGS FL 33890**

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME *Prescott, Bedford*
 STREET ADDRESS *P.O. Box 52*
 CITY-ST-ZIP *Wauchula, Fla. 33873*

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

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

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

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 supplementary 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

Date

Daytime Phone #

CR2E037 (10/00)