

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000004373**

1. Entity Name

WAUCHULA LODGE, NO. 1700, BENEVOLENT AND PROTECTOR

Principal Place of Business

Mailing Address

318 WEST MAIN ST.  
WAUCHULA, FL 33873

318 WEST MAIN ST.  
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

OCT 15 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000004657640--1

-10/29/01--01076--020

\*\*\*\*\*61.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1090951

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 ST.  
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

After September 12, 2001, min. will be \$236.25

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 D  
STREET ADDRESS RAMON DISHARON  
CITY-ST-ZIP 318 W. MAIN ST  
WAUCHULA, FL 33873

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HOOTEN, LENORA  
CITY-ST-ZIP P.O. BOX 715  
WAUCHULA, FL 33873

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DISHARON, WANDA  
CITY-ST-ZIP P.O. BOX 715  
WAUCHULA, FL 33873

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS GILL, BOB PER  
CITY-ST-ZIP NE LOCKMILLER ROAD  
ZOLFO SPRINGS FL 33890

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ANDERSON, HELEN  
CITY-ST-ZIP P.O. BOX 114  
ZOLFO SPRINGS FL 33890

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS PRESCOTT, BEDFORD  
CITY-ST-ZIP P.O. BOX 52  
WAUCHULA FL 33873

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

SECRETARY

8-30-01

863-773-3490

Date

Daytime Phone #

CR2E037 (5/01)