

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005881

1. Entity Name

PORT ORANGE LODGE NO. 2450, LOYAL ORDER OF MOOSE

Principal Place of Business

Mailing Address

607 DUNLAWTON AVE
PORT ORANGE FL 32127
US

PO BOX 290186
PORT ORANGE FL 32129-0186

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

59-3348637

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 DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
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

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 P
NAME SZUSA, R ☒ Delete
STREET ADDRESS 115 WHITE IBIS CT
CITY-ST-ZIP DAYTONA BCH FL 32119

TITLE S
NAME SANDERS, J J ☒ Delete
STREET ADDRESS 350 COLLINS ST
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE T
NAME JACQUEES, V ☒ Delete
STREET ADDRESS 875 SUGAR HOUSE DR
CITY-ST-ZIP PORT ORANGE FL 32119

TITLE T
NAME STALLINGS, C A ☒ Delete
STREET ADDRESS 6041 GLADYS ST
CITY-ST-ZIP PT ORANGE FL 32127

TITLE T
NAME RAHN, G P ☒ Delete
STREET ADDRESS 3168 ROYAL BIRDALE WAY
CITY-ST-ZIP DAYTONA BCH FL 32124

TITLE T
NAME ELEK, S ☒ Delete
STREET ADDRESS 5 PADDOCK CT
CITY-ST-ZIP DAYTONA BCH FL 32119

TITLE P
NAME JOE WAGSTAFF ☒ Change ☐ Addition
STREET ADDRESS 5422 JAMES DR
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ADM
NAME ANTHONY J. BRUND ☒ Change ☐ Addition
STREET ADDRESS 5 BARBARA CT.
CITY-ST-ZIP ORMOND BCH, FL 32147

TITLE PRES.
NAME RICK JOHNSON ☒ Change ☐ Addition
STREET ADDRESS 3 DOWNING DR
CITY-ST-ZIP PORT ORANGE, FL 32119

TITLE T
NAME WALTER REX ☒ Change ☐ Addition
STREET ADDRESS 106 HILL TOP CIRCLE
CITY-ST-ZIP DAYTONA BCH, FL 32124

TITLE T
NAME KEN STEADY ☒ Change ☐ Addition
STREET ADDRESS 5904 SPRINGVIEW DR
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE T
NAME KEN WHITE ☐ Change ☐ Addition
STREET ADDRESS 5438 DURANT DR.
CITY-ST-ZIP PORT ORANGE, FL 32127

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:

Stallings, C A
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90007 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)