

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

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

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

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

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

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

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

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

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

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

TITLE **T** Change Addition
 NAME **WALTER REX**
 STREET ADDRESS **106 Hill Top Circle**
 CITY-ST-ZIP **DAYTONA BCH, FL 32124**

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

TITLE Change Addition
 NAME **KEN WHITE**
 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 #

1/7/99 (904)760-3559

CFR2E037 (9/99)