

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N99000001966**

1. Entity Name

**CHARLES B. "CHICK" AUTRY, COCOA BEACH LODGE #159,**

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90045 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1485 N ATLANTIC AVE. SUITE G  
 COCOA BEACH FL 32831

P O BOX 320666  
 COCOA BEACH FL 32932-0666



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3519651

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STILES, CHARLIE**  
**20 S ORLANDO AVE**  
**COCOA BEACH FL 32931**

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 PD  
 STREET ADDRESS STILES, CHARLIE  
 CITY-ST-ZIP 1500 N ATLANTIC AVE  
 COCOA BEACH FL 32932

TITLE  Change  Addition  
 NAME STiles  
 STREET ADDRESS 4345 Rosehill Ave  
 CITY-ST-ZIP Titusville, FL 32780

TITLE  Delete  
 NAME VD  
 STREET ADDRESS PETRO, STEVE  
 CITY-ST-ZIP 43 W BAY DRIVE  
 COCOA BEACH FL 32931

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME SD  
 STREET ADDRESS ANDREW, FRED  
 CITY-ST-ZIP 4184 DAVID DRIVE  
 TITUSVILLE FL 32780

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME TD  
 STREET ADDRESS GRANT, DEBBIE  
 CITY-ST-ZIP 2830 MICHIGAN ST  
 MELBOURNE FL 32904

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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 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 REQUIRED*  
 Debbie Grant

Date

1/6/99

Daytime Phone #

(321) 868-3371

CR2E037 19/99