

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90012 042 ****61.25

0050279

DOCUMENT # 709084

1. Entity Name

PALM BEACH GARDENS LODGE NO. 2010, LOYAL ORDER O

Principal Place of Business

Mailing Address

3600 R.C.A. BLVD
 PALM BEACH FL 33410
 US

3600 RCA BLVD
 PALM BCH GDNS FL 33410
 US

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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

59-1315021

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

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY RD.
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 | SD | <input checked="" type="checkbox"/> Delete |
| NAME | CLETHERO, EDWARD J | |
| STREET ADDRESS | 3606 DAISY AVE | |
| CITY-ST-ZIP | PALM BCH GARDENS FL | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MICHAEL PIETRAS | |
| STREET ADDRESS | 7064 40TH TRAIL, N | |
| CITY-ST-ZIP | RIVIERA BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CHARLES PITKAT | |
| STREET ADDRESS | 11884 ASH STREET | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | CHIDO, JOHN | |
| STREET ADDRESS | 6238 LAUDERDALE ST | |
| CITY-ST-ZIP | PALM BCH GARDENS FL 33418 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | HOTT, GEORGE | |
| STREET ADDRESS | 12795 PACKWOOD RD | |
| CITY-ST-ZIP | JUNO ISLES FL 33408-2234 | |
| TITLE | | <input checked="" type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|--|
| TITLE | AD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEPHEN M. PFEIFFER | |
| STREET ADDRESS | 23245 OLEAN BLVD. | |
| CITY-ST-ZIP | PUNTA GORDA, FL. | |
| TITLE | G. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RAY G. TAYLOR, JR. | |
| STREET ADDRESS | 4902 WILLIAMS RD. | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL. | |
| TITLE | PG | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GEORGE H. HOTT | |
| STREET ADDRESS | 12795 PACKWOOD RD. | |
| CITY-ST-ZIP | JUNO ISLES, FL. 33408 | |
| TITLE | TR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHARLES PITKAT | |
| STREET ADDRESS | 11884 ASH ST. | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL. | |
| TITLE | TR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LARRY E. MURPHY | |
| STREET ADDRESS | 5337 EAGLE LAKE DR. | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL. | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: RAY G. TAYLOR, JR. REQUIRED

RAY G. TAYLOR, JR. (561)626-4417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)