

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90238 042 ****61.25

DOCUMENT # 725683

1. Entity Name

MARGATE FLORIDA LODGE, INC. NO. 2463

Principal Place of Business

5451 NW 15TH ST
 MARGATE FL 33063-3719

Mailing Address

5451 NW 15TH ST
 MARGATE FL 33063-3719

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1556118

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALLOCCA, GEORGE JR.
11510 W. SAMPLE RD. STE. 1
P.O. BOX 8523
CORAL SPRINGS FL 33005

7. Name and Address of New Registered Agent

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

TITLE	ER	<input checked="" type="checkbox"/> Delete
NAME	ROSENTHAL, JIM	
STREET ADDRESS	7805 NW 5TH CT	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROGGE, EARL	
STREET ADDRESS	817 TAMARAL LN	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TULCHIN, HOWARD	
STREET ADDRESS	6432 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	CAMPOLA, ANTHONY	
STREET ADDRESS	5360 N.W. 29TH COURT	
CITY-ST-ZIP	MARGATE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	COMO, VINCENT	
STREET ADDRESS	6897 NW 1 CT.	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PAPA, GENO	
STREET ADDRESS	4181 CASVENTO CIR	
CITY-ST-ZIP	COCONUT CREEK FL 33066	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MAUR, ALAN R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	141 PONCE DE LEON ST	
STREET ADDRESS	ROYAL PALM BEACH, FL 33411	
CITY-ST-ZIP		
TITLE	LONGO, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1801 MAPLEWOOD TR	
STREET ADDRESS	COCONUT CREEK, FL 33063	
CITY-ST-ZIP		
TITLE	ROSENTHAL, JIM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7805 NW 5 CT	
STREET ADDRESS	MARGATE, FL 33063	
CITY-ST-ZIP		
TITLE	TULCHIN, HOWARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6432 VIA ROSA	
STREET ADDRESS	BOCA RATON, FL 33433	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MADSEN, JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6342 NW 20 ST	
STREET ADDRESS	MARGATE, FL 33063	
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT P. COMO 971-9690
 4/11/00
 Daytime Phone #

CR2E037 (9/99)