

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

0036045

03-07-2001 90603 042 ****61.25

DOCUMENT # 725683

1. Entity Name

MARGATE FLORIDA LODGE, INC. NO. 2463

Principal Place of Business

Mailing Address

5451 NW 15TH ST
 MARGATE FL 33063-3719

5451 NW 15TH ST
 MARGATE FL 33063-3719

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

ALLOCCA, GEORGE JR.
11510 W. SAMPLE RD. STE. 1
P.O. BOX 8523
CORAL SPRINGS FL 33065

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	ER	<input type="checkbox"/> Delete
NAME	MAUK, ALAN R	
STREET ADDRESS	141 PONCE DE LEON STREET	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LONGO, ROBERT	
STREET ADDRESS	1801 MAPLEWOOD TR.	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSENTHAL, JIM	
STREET ADDRESS	7805 N.W. 5 COURT	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TR	<input type="checkbox"/> Delete
NAME	TULCHIN, HOWARD	
STREET ADDRESS	6432 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	S	<input type="checkbox"/> Delete
NAME	COMO, VINCENT	
STREET ADDRESS	6897 NW 1 CT.	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MADSEN, JAMES	
STREET ADDRESS	6342 N.W. 20 STREET	
CITY-ST-ZIP	MARGATE FL 33063	

TITLE	ER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUCKNIEWITZ, ROBERT B.	
STREET ADDRESS	2840 NW 51 Terrace	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	TRUSTEE CMHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL OYLER	
STREET ADDRESS	9507 Burlington Place	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	TRUSTEE SECY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN MC CARTHY	
STREET ADDRESS	9410 SW 8 Street #12	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5816 Via de la Plata Circle	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD ESPIRITU	
STREET ADDRESS	5984 NW 74 Street	
CITY-ST-ZIP	Parkland, FL 33067	

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: *VINCENT P. COMO, Secy 3/1/01 954-971-9690*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE