

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90393 018 ****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

Zip

Country

Zip

Country

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 *George Allocca Jr. - CJA*

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	JUCKNEWITZ, ROBERT B	
STREET ADDRESS	2840 NW 51 TERRACE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OYLER, DANIEL	
STREET ADDRESS	9507 BURLINGTON PLACE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MCCARTHY, KEVIN	
STREET ADDRESS	9410 SW 8 STREET #12	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	TR	<input type="checkbox"/> Delete
NAME	TULCHIN, HOWARD	
STREET ADDRESS	5816 VIA DE LA PLATA CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
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	ESPIRITU, CLIFFORD	
STREET ADDRESS	5984 NW 74 STREET	
CITY-ST-ZIP	PARKLAND FL 33067	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input 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: *George Allocca Jr.* SIGNATURE REQUIRED *George Allocca Jr. 4/12/2002 (561) 499-4690*

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE