

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90128 038 ****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.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1556118** Applied For
Not Applicable

Zip Country Zip Country

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ER	<input checked="" type="checkbox"/> Delete
NAME	JUCKNIEWITZ, ROBERT B	
STREET ADDRESS	6840 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	ER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY MAHER	
STREET ADDRESS	5451 NW 15th Street	
CITY-ST-ZIP	MARGATE FL 33063	
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
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/Signature Required Howard Tulchin* 4/10/2003 (954)971-9690

CR2E037 (10/02)