

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90045 047 \*\*\*\*61.25

0084281

**DOCUMENT # 733630**

1. Entity Name  
**STUART LODGE 2337 OSIA HOUSE CORPORATION, INCORP**

Principal Place of Business <b>812 LINCOLN AVENUE          STUART FL 34995</b>	Mailing Address <b>P.O. BOX 2711          STUART FL 34995-2711</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0339065</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VOLPE, SUSAN M  
 2974 SW BRIGHTON WAY  
 PALM CITY FL 34990**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME P GENCO, PAULA STREET ADDRESS <del>110 NE TWYLITE TERR</del> CITY-ST-ZIP PORT SAINT LUCIE FL <del>34989</del>	<input type="checkbox"/> Delete
TITLE NAME T <del>VIOLA, CHRISTINA</del> STREET ADDRESS <del>105 N. SEWALLE PT. RD.</del> CITY-ST-ZIP <del>STUART FL</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME VP VOLPE, PASQUALE STREET ADDRESS 2974 SW BRIGHTON WAY CITY-ST-ZIP PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME T <del>RUSSO, SHERRY</del> STREET ADDRESS <del>908 N FORK RD</del> CITY-ST-ZIP <del>STUART FL 34994</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME T DIMOLA, JOHN STREET ADDRESS 731 SW ARKANSAS TERR CITY-ST-ZIP PORT SAINT LUCIE FL 34953	<input type="checkbox"/> Delete
TITLE NAME FS VOLPE, SUSAN STREET ADDRESS 2974 SW BRIGHTON WAY CITY-ST-ZIP PALM CITY FL 34990	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 2897 SE CABANA LANE PORT SAINT LUCIE FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T PALMERI, NORMAN STREET ADDRESS 900 SW TAMARROW PL. CITY-ST-ZIP STUART FL 34997	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T DIMOLA, ROSE MARIE STREET ADDRESS 731 SW ARKANSAS TERRACE CITY-ST-ZIP PT. ST. LUCIE FL 34953	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **SUSAN M VOLPE** 1-09-01 561-223-5218  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)