

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90008 049 \*\*\*\*61.25

**DOCUMENT # N37865**

1. Entity Name

**NAPLES LODGE NO. 2010 BENEVOLENT AND PROTECTIVE**

Principal Place of Business

Mailing Address

~~6301 WESTVIEW DR~~  
~~NAPLES FL 33942~~  
 3950 Radio Rd.  
 Naples, Fl. 34104

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~~NAPLES FL 33942~~  
 3950 Radio Rd.  
 Naples, Fl. 34104

2. Principal Place of Business  
 3950 Radio Rd.

3. Mailing Address  
 3950 Radio Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Naples, Fl 34104

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Naples, Fl 34104

4. FEI Number **59-0774251**

Applied For  
 Not Applicable

Zip Country  
34104 Collier

Zip Country  
34104 Collier

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

**KOZY, ARTHUR L**  
**517 WHITEWATER WAY**  
**NAPLES FL 34112**

Name  
Arthur L. Kozy  
 Street Address (P.O. Box Number is Not Acceptable)  
517 Whitewater Way  
Naples,  
 City **FL** Zip Code 34112

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 Arthur L. Kozy

Signature, typed or printed name of registered agent and title if applicable.

*Arthur L. Kozy*

(NOTE: Registered Agent signature required when reinstating)

7/23/00

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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  Delete  
 NAME **DP SMITH, ANDREW G**  
 STREET ADDRESS **301 FILLMORE ST.**  
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE  Change  Addition  
 NAME **DP Henry Lehman**  
 STREET ADDRESS **2803 Aintree Ln.F102**  
 CITY-ST-ZIP **Naples, Fl. 34112**

TITLE  Delete  
 NAME **VP DANSEREAU, JEROME**  
 STREET ADDRESS **2297 ROYAL-LANE**  
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE  Change  Addition  
 NAME **VP Al Westrom**  
 STREET ADDRESS **8405 Mystic Green Way #201**  
 CITY-ST-ZIP **Naples, Fl. 34113**

TITLE  Delete  
 NAME **S ARTHUR KOZY**  
 STREET ADDRESS **517 WHITEWATER WAY**  
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE  Change  Addition  
 NAME **SAME**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T BRUBAKER, LOGAN**  
 STREET ADDRESS **4352 BEECHWOOD LAKE DR.**  
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE  Change  Addition  
 NAME **Terry Krantz**  
 STREET ADDRESS **2584 Longboat Dr.**  
 CITY-ST-ZIP **Naples, Fl. 34104-3328**

TITLE  Delete  
 NAME **T EDWARD BUSKING**  
 STREET ADDRESS **6890 APPLEBY DR**  
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE  Change  Addition  
 NAME **T Tom Kaylor**  
 STREET ADDRESS **651 Lambton Ln.**  
 CITY-ST-ZIP **Naples, Fl. 34104-8305**

TITLE  Delete  
 NAME **T JOSEPH CASSIDY**  
 STREET ADDRESS **1329 NARITA LN**  
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE  Change  Addition  
 NAME **T Paul Perl**  
 STREET ADDRESS **1064 Manor Lake Dr. B105**  
 CITY-ST-ZIP **Naples, Fl. 34110**

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: Arthur L. Kozy *Arthur L. Kozy* 7/23/00 941-643-1367  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE