

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90244 010 ****61.25

DOCUMENT # N37865

1. Entity Name

NAPLES LODGE NO. 2010 BENEVOLENT AND PROTECTIVE

Principal Place of Business

3950 RADIO RD.
 NAPLES FL 34104

Mailing Address

3950 RADIO RD.
 NAPLES FL 34104

00033342



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0774251

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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: DP
 NAME: LEHMAN, HENRY
 STREET ADDRESS: 2803 AINTREE LN FL 102
 CITY-ST-ZIP: NAPLES FL 34112
 Delete

TITLE: Change Addition
 NAME: Lehman, Henry
 STREET ADDRESS: 2803 Aintree Ln #102
 CITY-ST-ZIP: Naples - FL 34112

TITLE: VP
 NAME: WESTROM, AL
 STREET ADDRESS: 8405 MISTIC GLEN WAY #201
 CITY-ST-ZIP: NAPLES FL 34113
 Delete

TITLE: Change Addition
 NAME: Westrom, AL PD
 STREET ADDRESS: 8405 Mistic Glen Way #201
 CITY-ST-ZIP: Naples - FL 34113

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

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: T
 NAME: KRANTZ, TERRY
 STREET ADDRESS: 2584 LONGBOAT DR
 CITY-ST-ZIP: NAPLES FL 34104-3328
 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: T
 NAME: KAYLOR, TOM
 STREET ADDRESS: LAMBTON LN
 CITY-ST-ZIP: NAPLES FL 34104-8305
 Delete

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: T
 NAME: PERL, PAUL
 STREET ADDRESS: 1064 MANOR LAKE DR. B105
 CITY-ST-ZIP: NAPLES FL 34110
 Delete

TITLE: Change 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 Expired
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

941-643-0075

Daytime Phone #

CR2E037 (10/00)