

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90078 024 ****61.35



DO NOT WRITE IN THIS SPACE

DOCUMENT # N48066

1. Entity Name

LANTANA-BOYNTON LODGE, NO. 2676, BENEVOLENT AND

Principal Place of Business 112 N DIXIE HWY LANTANA FL 33462	Mailing Address 112 N DIXIE HWY LANTANA FL 33462-3210 US
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2. Principal Place of Business 512 N. Federal Hwy Suite, Apt. #, etc.	3. Mailing Address 512 N. Federal Hwy Suite, Apt. #, etc.
City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip 33435	Zip 33435

4. FEI Number 59-2351656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLIAMS, CARL A
112 N DIXIE HWY
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name **Williams, Carl A.**
 Street Address (P.O. Box Number is Not Acceptable)
512 N. Federal Hwy
 City **Boynton Beach** **FL** Zip Code **33435**

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 *Carl Williams* (NOTE: Registered Agent signature required when reinstating) DATE *2/16/2000*

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

T NAME Hamm, Richard STREET ADDRESS 112 N DIXIE HWY CITY-ST-ZIP LANTANA FL 33462	<input type="checkbox"/> Delete
D NAME BURNS, ROBERT STREET ADDRESS 318 BUTTONWOOD LANE CITY-ST-ZIP BOYNTON BEACH FL	<input type="checkbox"/> Delete
T NAME GROMKO, DONALD J STREET ADDRESS 301 CROTON AVENUE CITY-ST-ZIP LANTANA FL 35462	<input type="checkbox"/> Delete
PER NAME ELLIS, ROBERT STREET ADDRESS .16857 78TH RD CITY-ST-ZIP LOXAHATCHEE FL 22370	<input checked="" type="checkbox"/> Delete
VP NAME OLSON, THEODORE STREET ADDRESS 4274 CENTURIAN CIRCLE CITY-ST-ZIP LAKE WORTH FL 33463	<input checked="" type="checkbox"/> Delete
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T NAME Hamm, Richard STREET ADDRESS 512 N. Federal Hwy CITY-ST-ZIP Boynton Beach, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME Michael Doyle STREET ADDRESS 512 N. Federal Hwy CITY-ST-ZIP Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP NAME Gareld Stirling STREET ADDRESS 512 N. Federal Hwy CITY-ST-ZIP Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
 NAME STREET ADDRESS CITY-ST-ZIP	<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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)