

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48531

1. Entity Name

DELRAY BEACH LODGE, NO. 1770, BENEVOLENT AND PRO

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

02-26-2000 90062 023 ****61.25

Principal Place of Business Mailing Address
265 NE 4TH AVENUE 265 NE 4TH AVENUE
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-4532
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0669282 Applied For
Not Applicable

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

BUTLER, JERRY
265 NE 4TH AVENUE
DELRAY BEACH FL 33483

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 D ☐ Delete
NAME SHAFFER, DOWNS R
STREET ADDRESS 15010 JAMAICA BAY, EAST, DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33436
TITLE D ☐ Delete
NAME SCHMIERER, GEORGE
STREET ADDRESS 5178 CORTEZ COURT
CITY-ST-ZIP DELRAY BEACH FL
TITLE D ☐ Delete
NAME MCCOMBS, KENNITH
STREET ADDRESS 22224-A BOCA RANCHO DR
CITY-ST-ZIP BOCA RATON FL
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
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: Scanned Signature REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Daytime Phone #

CFE037 (9/99)