

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004479

1. Entity Name

FT. PIERCE LODGE, 1520, BENEVOLENT AND PROTECTIV

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90039 025 ****61.25

Principal Place of Business

Mailing Address

**651 FEDERAL HWY.
 FT. PIERCE FL**

**P.O. BOX 3749
 FT. PIERCE FL 34948-3749**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0250528

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISCH, EDWARD J
 9307 S INDIAN RIVER DR
 FT. PIERCE FL 34954**

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	<input type="checkbox"/> Delete
NAME	BISCH, EDWARD J	
STREET ADDRESS	9307 S INDIAN RIVER DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TARANT, WILLIAM E	
STREET ADDRESS	2800 N A1A APT 1008	
CITY-ST-ZIP	N HUTCHINSON ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROHN, SCOTT M	
STREET ADDRESS	5805 PALM DR	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOWLER, DAVID M	
STREET ADDRESS	436 PENNSULVA DR	
CITY-ST-ZIP	FT PIERCE FL 34946	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, DANNIE C	
STREET ADDRESS	2007 S EDWARDS RD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMARI, LLOYD JOSEPH	
STREET ADDRESS	1104 TRINIDAD AVE	
CITY-ST-ZIP	FT. PIERCE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *NB [Signature]* **SH, JR. TREASURER 2/8/00 561-465-9911**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)