

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10980

1. Entity Name

PORT ST. LUCIE LODGE NO. 2658, INC., BENEVOLENT

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90006 004 \*\*\*\*61.25

Principal Place of Business 2290 LENNARD RD. P O BOX 8152 PORT ST. LUCIE FL 34985	Mailing Address 2290 LENNARD RD. P O BOX 8152 PORT ST. LUCIE FL 34985
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>59-2270892</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLARK, WILLIAM B  
337 SE CORK ROAD  
PORT ST LUCIE FL 34984

7. Name and Address of New Registered Agent

Name  
**HOWARD MARKOWITZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**3614-WESTCHESTER CIR.**  
City  
**PORT ST. LUCIE, FL** Zip Code  
**34952**

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 **HOWARD MARKOWITZ** *[Signature]* **July 20 - 2000**  
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 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC TRAINOR, EDWARD C JR 6 JUAREZ LANE PORT ST. LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYNOLDS, CHARLES L 2190 SE FLANDERS ROAD PT. ST. LUCIE FL 34952-5652 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUGHES, WILLIAM G 1744 SE ANECI STREET PORT ST. LUCIE FL 34983 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORTAZZO, JOHN 128 COVE VIEW COURT STUART FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATELA, RICHARD J JR 2033 SE CAMDEN ST PORT ST. LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKER, KENNETH A 50 W. CARIBBEAN PT. ST. LUCIE FL 34952 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CHARLES YATES 5611-BIRCH DR. PORT PIERCE, FL. 34982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRY B. MUNSON 1265-AIROSO BLVD. PORT ST. LUCIE, FL. 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLOYD SOUTHARD 2074-SE CROWBERRY DR. PORT ST. LUCIE, FL. 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHN CORTAZZO 128-COVE VIEW CT. STUART, FL. 34994 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARD J. MATELA JR. 2033-SE CAMDEN ST. PORT ST, LUCIE, FL. 34952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNETH A, BAKER 50- W. CARIBBEAN PORT ST. LUCIE, FL. 34952 <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: **CHARLES YATES JR** *[Signature]* **July 20 - 2000** **(561) 335-3557**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)