

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702942

1. Entity Name

CHARLOTTE COUNTY LODGE NO. 2153, BENEVOLENT AND

Principal Place of Business

2325 TAMiami TRAIL  
PORT CHARLOTTE FL 33952

Mailing Address

2325 TAMiami TRAIL  
PORT CHARLOTTE FL 33952

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

59-1392631

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

GIBSON, J RICHARD  
21027 MALDEN AVE  
PT CHARLOTTE FL 33952

Name

JACK BENT

Street Address (P.O. Box Number is Not Acceptable)

2531 ALCALAY STREET

City

PORT CHARLOTTE

FL

Zip Code

33982

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

EFFECTIVE

APRIL 1, 2001

Signature, Please Print 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 S  
NAME RICHARD, GIBSON J  
STREET ADDRESS 2325 TAMiami TRAIL  
CITY-ST-ZIP PT CHARLOTTE, FL 0 ☒ Delete

TITLE S  
NAME JACK BENT  
STREET ADDRESS 2531 ALCALAY STREET  
CITY-ST-ZIP PORT CHARLOTTE, FL 33982 ☐ Change ☒ Addition

TITLE D  
NAME HOLOWIAK, MIKE  
STREET ADDRESS 22441 WESTCHESTER BLVD. #1100A  
CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☐ Delete

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

TITLE P  
NAME HYNDMAN, JOHN M  
STREET ADDRESS 2293 FINTONROD STREET  
CITY-ST-ZIP PORT CHARLOTTE FL 33948-3410 ☒ Delete

TITLE D  
NAME HERMAN B. LINTHORST  
STREET ADDRESS 1001 LABELLE TERRACE NW  
CITY-ST-ZIP PORT CHARLOTTE, FL 33948-2074 ☐ Change ☒ Addition

TITLE D  
NAME GATES, JAMES  
STREET ADDRESS 18494 ELLEN AVE.  
CITY-ST-ZIP PT. CHARLOTTE FL 33948 ☐ Delete

TITLE D  
NAME JAMES M. WARDEN  
STREET ADDRESS 3300 LOVELAND BLVD-Unit #1103  
CITY-ST-ZIP PORT CHARLOTTE, FL 33980-6704 ☐ Change ☒ Addition

TITLE D  
NAME SUTERA, ANTHONY  
STREET ADDRESS 1332 RAMSDEL ST.  
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE D  
NAME DARREN METZ  
STREET ADDRESS 20262 MACON LANE  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952 ☐ Change ☒ Addition

TITLE D  
NAME CURLEY, ANN  
STREET ADDRESS 175 KINGS HWY #5B8  
CITY-ST-ZIP PT. CHARLOTTE FL 33952 ☐ Delete

TITLE P  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ 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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

EFFECTIVE

APRIL 1, 2001

941/629-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)