2000 UNIFORM BUSINESS REPORT (UBR)

3/13/00-90004-034-\$61.25-\$61.25 FILED 00 MAR 27 AM 11: 49 SECRETARY OF STATE TALLAR SEE, FLORIDA DO NOT WRITE IN THIS SPACE Applied For 59-1148592 Not Applicable \$8.75 Additional Fee Required Zip Code 33702 3-8-00 Make Check Payable to Department of State (66/6) ☐ Addition ☐ Change E037 ☐ Addition Change ☐ Addition Change Change

DOCUMENT # **703987** 1. Entity Name PINELLAS PARK LODGE NO 2217, INC. BENEVOLENT AND Principal Place of Business Mailing Address 7550 40TH STREET NORTH 7550 40TH STREET NORTH PINELLAS PARK FL 33781-3605 PINELLAS PARK FL 33781 us , Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FFI Number Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Mario Ferfoglia Street Address (P.O. Box Number is Not Acceptable) NOYES, RICHARD 2501 HARN BLVD 6615 26th St. N **CLEARWATER FL 33764** City St. Petersburg, 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 (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TD ☐ Delete TITLE NAME NAME GREINER, HAROLD E STREET ADDRESS STREET ADDRESS 3469 100TH AVE CITY-ST-ZIP CITY-ST-ZIF PINELLAS PARK FL 33782 Delete TITLE SD TITLE NAME JOHNSON, PHILLIP NAME STREET ADDRESS STREET ADDRESS 729 83RD AVE APT 103 CITY-ST-ZIP CUY-ST-ZIP ST PETERSBURG FL 33702 **Delete** TITLE EXALTED RULER . NAME **WOOSTER, CHARLES** NAME MARIO FERFOGLIA STREET ADDRESS STREET ADDRESS 326 10TH AVE N CITY-ST-7IP CITY-ST-ZIP 6615 <u>26TH ST.N ST. PETERSBURG 3370</u>2 ST PETERSBURG FL 33701 ☐ Change ☐ Addition Oelete TITLE TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-71P City-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

Philip C. Johnson

2/23/00

727-544-2325

Caytena Phone #