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2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 17, 2000 8:00 am Secretary of State DOCUMENT # 712989 1. Entity Name HOLLYWOOD WEST LODGE NO. 2365 OF THE BENEVOLENT 03-17-2000 90067 029 ****61.25 Principal Place of Business Mailing Address 7190 DAVIE ROAD EXTENSION 7190 DAVIE ROAD EXTENSION HOLLYWOOD FL 33024 HOLLYWOOD FLA 33024-2404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1301415 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVID LAWTON Street Address (P.O. Box Number is Not Acceptable) BOUTIN, MAURICE 3111 N. 73 AVE 430 BRIARWOOD CIRCLE HOLLYWOOD FL 33024 HOLL YWOOD 8. The above named entity submits this statement for the nurpess of changing its registered office or registered agent, or both, in the state of Florida DAVID A LAUTON: EXALTED RULER SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. XX Delete XX_{ddition} ğ ☐ Change TITLE TITLE ER LAWTON, DAVID A NAME NAME **BOUTIN, MAURICE** 430 BRIARWOOD CIRCLE STREET ADDRESS STREET ADDRESS 3111 N. 73 AVE CITY-ST-ZIP HOLLYWOOD, FL., 33024 CITY-ST-ZIF HOLLYWOOD FL 33024 Change XX Addition TITLE X K_{Delete} TITLE S PAUL A GAGLIARDI 8591 S.W. 18th COURT NAME NAME JACK CAHILL STREET ADDRESS STREET ADDRESS 580 EGRET DR 209 DAVIE, FL., 33324 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DINGLE, ROBERT F STREET ADDRESS STREET ADDRESS 8570 NW 11TH CT CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME WHYTE, JAMES NAME STREET ADDRESS STREET ADDRESS 2912 ALCAZAR DR. CITY-ST-7IE CITY-ST-ZIF MIRAMAR_FL 33023 Change ☐ Addition TITLE Delete TITLE DIEMMANUELE, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 5130 JEFFERSON ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Noitibh X X Delete TITLE ☐ Change TITLE JACK CAHILL

12. Thereby 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

580 EGRET DR., #209

HALLANDALE, FL., 33009

Daytime Phone #