

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719098

1. Entity Name

APOPKA LODGE, NO. 2422, BENEVOLENT AND PROTECTIV

Principal Place of Business

201 W. ORANGE STREET
APOPKA FL 32703-4213

Mailing Address

201 W. ORANGE STREET
APOPKA FL 32703-4213

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

59-1317212

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SORENSEN, KATHERINE L.
1590 GAY ROAD
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name George Hodges, EA

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

250 SOUTH CR. 427, SUITE 116

City LONGWOOD

FL

Zip Code 32750

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

George Hodges, EA

3/27/00

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WOODS, LEE P	
STREET ADDRESS	853 VOTAW RD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BURGESS, KEVIN	
STREET ADDRESS	820 E. 8TH ST.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MARIE	
STREET ADDRESS	PO BOX 698	
CITY-ST-ZIP	PLYMOUTH FL 32768	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COPELAND, DIANNA	
STREET ADDRESS	841 VOTAW RD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RODNER, MARVIN	
STREET ADDRESS	223 COTTESMORE CIR W	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRANDY, PAUL	
STREET ADDRESS	32340 OKALOOSA TRAIL	
CITY-ST-ZIP	SORRENTO FL 32776	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN J. MAHONEY	
STREET ADDRESS	1209 LOIS AVE	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN M. BURGESS	
STREET ADDRESS	820 E 8TH ST.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNIE FAVAZZA	
STREET ADDRESS	550 QUAIL AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE P. WOODS	
STREET ADDRESS	853 VOTAW RD	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVIN RODNER	
STREET ADDRESS	223 COTTESMORE CIR. W	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE DAVIS	
STREET ADDRESS	607 O'SHEA CT	
CITY-ST-ZIP	APOPKA, FL 32712	

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:

Signature Required

BURGESS LODGE

2-22-00

407-703-1787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

CR2E037 (9/99)