

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90118 047 ****61.25

DOCUMENT # 719098

1. Entity Name

APOPKA LODGE, NO. 2422, BENEVOLENT AND PROTECTIV

Principal Place of Business

Mailing Address

**201 W. ORANGE STREET
 APOPKA FL 32703-4213**

**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

7. Name and Address of New Registered Agent

**HODGES, GEORGE EA
 250 SOUTH CR 427 SUITE 116
 LONGWOOD FL 32750**

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

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.

TITLE **P** ☐ Delete
 NAME **MAHONEY, STEPHEN J**
 STREET ADDRESS **1209 LOIS AVE**
 CITY-ST-ZIP **APOPKA FL 32703**

STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **BURGESS, KEVIN M**
 STREET ADDRESS **820 E. 8TH ST.**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **FAVAZZA, CONNIE**
 STREET ADDRESS **550 QUAIL AVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☒ Delete
 NAME **WOODS, LEE P**
 STREET ADDRESS **853 VOTAW RD**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **RODNER, MARVIN**
 STREET ADDRESS **223 COTTESMORE CIR W**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **LOUISE, DAVIS**
 STREET ADDRESS **607 O'SHEA CT**
 CITY-ST-ZIP **SORRENTO FL 32776**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P
ma honey, Stephen J.
550 QUAIL AVE.
ALTAMONT Springs
Florida, 32714

Christine V Pope S.
1511 E. Abigail St
Apopka FL 32703

John P. Braddy PER T.
32340 Okaloosa Trl
Sorrento FL 32776-8994

Margarett Cox C.
507 N Lake Ave.
Apopka FL 32712

William A. Dentel D
4023 W. Ponkan Rd
Apopka FL 32712

Terry R. Scott D
P.O. Box 988
Sorrento FL 32776-0988

IRS IN 10

change ☐ Addition

714

change ☒ Addition

change ☒ Addition

change ☒ Addition

change ☒ Addition

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 like empowered.

SIGNATURE: **Christine V Pope** **SECRETARY OF STATE** **7-7-01** **407-880-1600**

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CR2E037 (5/01)