

2000 UNIFORM BUSINESS REPORT (UBR)

1/25/00-90085-017-\$61.25-\$61.25

DOCUMENT # 724490

1. Entity Name

ROYAL PALM BEACH LODGE NO. 2245, LOYAL ORDER OF

FILED

00 MAR -3 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

828 F ROAD
LOXAHATCHEE FL 33470
US

Mailing Address

~~828 F ROAD~~
LOXAHATCHEE FL 33470-4925
US

2. Principal Place of Business

828 F Road
Suite, Apt. #, etc.

3. Mailing Address

828 F Road
Suite, Apt. #, etc.

City & State

Loxahatchee Fla

City & State

Loxahatchee Fla

4. FEI Number

23-7213730

Applied For

Not Applicable

Zip

Country

33470 Palm Beach

Zip

Country

33470 Palm Beach

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	BARBIERI, ROBERT	
STREET ADDRESS	14800 22ND ROAD N	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORRIS, BUDDY	
STREET ADDRESS	828 F ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GISSOW, DONALD C. SR.	
STREET ADDRESS	78 WESTCUNK DR	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LAWYER, CLAUDE	
STREET ADDRESS	20033 46TH CT NORTH	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHODKOWSKI, THOMAS S	
STREET ADDRESS	736 ORCHID DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANETTI, JACK	
STREET ADDRESS	1451 N. MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buddy Morris	
STREET ADDRESS	2812 Rd	
CITY-ST-ZIP	Loxahatchee Fla 33470	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leon L Woodward	
STREET ADDRESS	13748 53 Rd N.	
CITY-ST-ZIP	W.P.B. 33411	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Brunson	
STREET ADDRESS	18098 40th Row North	
CITY-ST-ZIP	Loxahatchee Fla 33411	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Chodkowski	
STREET ADDRESS	736 ORCHID DRIVE	
CITY-ST-ZIP	R.P.B. Fla 33411	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marvin Bond	
STREET ADDRESS	640 101 Trail South	
CITY-ST-ZIP	W.P.B. FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TS	
STREET ADDRESS		
CITY-ST-ZIP		

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:

Buddy Morris **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-18-2000

Daytime Phone #

561-793-545