

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

0036045

**DOCUMENT # 725683**

1. Entity Name

**MARGATE FLORIDA LODGE, INC. NO. 2463**

03-07-2001 90603 042 \*\*\*\*61.25

Principal Place of Business

**5451 NW 15TH ST  
MARGATE FL 33063-3719**

Mailing Address

**5451 NW 15TH ST  
MARGATE FL 33063-3719**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1556118**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ALLOCCA, GEORGE JR.  
11510 W. SAMPLE RD. STE. 1  
P.O. BOX 8523  
CORAL SPRINGS FL 33065**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ER** ☐ Delete  
NAME **MAUK, ALAN R**  
STREET ADDRESS **141 PONCE DE LEON STREET**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **ER** ☒ Change ☐ Addition  
NAME **JUCKNIEWITZ, ROBERT B.**  
STREET ADDRESS **2840 NW 51 Terrace**  
CITY-ST-ZIP **Margate, FL 33063**

TITLE **TD** ☐ Delete  
NAME **LONGO, ROBERT**  
STREET ADDRESS **1801 MAPLEWOOD TR.**  
CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **TRUSTEE CMHN** ☒ Change ☐ Addition  
NAME **DANIEL OYLER**  
STREET ADDRESS **9507 Burlington Place**  
CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE **TD** ☐ Delete  
NAME **ROSENTHAL, JIM**  
STREET ADDRESS **7805 N.W. 5 COURT**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **TRUSTEE SECY** ☒ Change ☐ Addition  
NAME **KEVIN MC CARTHY**  
STREET ADDRESS **9410 SW 8 Street #12**  
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE **TR** ☐ Delete  
NAME **TULCHIN, HOWARD**  
STREET ADDRESS **6432 VIA ROSA**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☒ Change ☐ Addition  
NAME **5816 Via de la Plata Circle**  
STREET ADDRESS **Delray Beach, FL 33484**  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **COMO, VINCENT**  
STREET ADDRESS **6897 NW 1 CT.**  
CITY-ST-ZIP **MARGATE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **MADSEN, JAMES**  
STREET ADDRESS **6342 N.W. 20 STREET**  
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **TRUSTEE** ☒ Change ☐ Addition  
NAME **CLIFFORD ESPIRITU**  
STREET ADDRESS **5984 NW 74 Street**  
CITY-ST-ZIP **Parkland, FL 33067**

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:

**VINCENT P. COMO, Secy 3/1/01 954-971-9696**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)