

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733630

1. Entity Name

STUART LODGE 2337 OSIA HOUSE CORPORATION, INCORP

Principal Place of Business

Mailing Address

812 LINCOLN AVENUE
STUART FL 34995

P.O. BOX 2711
STUART FL 34995-2711

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

65-0339065

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

VOLPE, SUSAN M
2974 SW BRIGHTON WAY
PALM CITY FL 34990

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 NAME ☐ Delete
P GENCO, PAULA
STREET ADDRESS ~~110 NE TWYLITE TERR~~
CITY-ST-ZIP PORT SAINT LUCIE FL ~~34985~~

TITLE NAME ☒ Change ☐ Addition
2897 SE CABANA LANE
STREET ADDRESS
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE NAME ☒ Delete
T ~~VIOLA, CHRISTINA~~
STREET ADDRESS ~~105 N. SEWALLS PT. RD.~~
CITY-ST-ZIP ~~STUART FL~~

TITLE NAME ☐ Change ☐ Addition
T PALMERI, NORMAN
STREET ADDRESS 900 SW TAMARROW PL.
CITY-ST-ZIP STUART FL 34997

TITLE NAME ☐ Delete
VP VOLPE, PASQUALE
STREET ADDRESS 2974 SW BRIGHTON WAY
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE NAME ☒ Delete
T ~~RUSSO, CHERRY~~
STREET ADDRESS ~~908 N FORK RD~~
CITY-ST-ZIP ~~STUART FL 34994~~

TITLE NAME ☐ Change ☐ Addition
T DIMOLA, ROSE MARIE
STREET ADDRESS 731 SW ARKANSAS TERRACE
CITY-ST-ZIP PT. ST. LUCIE FL 34953

TITLE NAME ☐ Delete
T DIMOLA, JOHN
STREET ADDRESS 731 SW ARKANSAS TERR
CITY-ST-ZIP PORT SAINT LUCIE FL 34953

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

TITLE NAME ☐ Delete
FS VOLPE, SUSAN
STREET ADDRESS 2974 SW BRIGHTON WAY
CITY-ST-ZIP PALM CITY FL 34990

TITLE NAME ☐ Change ☐ Addition
T
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:

Susan M Volpe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-09-01

Date

561-223-5218

Daytime Phone #

CR2E037 (10/00)

0084281

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90045 047 ****61.25



DO NOT WRITE IN THIS SPACE