

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

0056809

**DOCUMENT # 733630**

1. Entity Name

**STUART LODGE 2337 OSIA HOUSE CORPORATION, INCORPORATED**

Principal Place of Business

Mailing Address

812 LINCOLN AVENUE  
 STUART FL 34995

P.O. BOX 2711  
 STUART FL 34995-2711

00045633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0339065

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

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

Name **JOHN L. DIMOLA**

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

**731 SW ARKANSAS TERRACE**  
**PORT ST. LUCIE, FL 34953**

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

*John Dimola, President*

*3/6/2002*

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	P	<input checked="" type="checkbox"/> Delete
NAME	Genco, Paula	
STREET ADDRESS	2897 SE CABANA LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PALMERI, NORMAN	
STREET ADDRESS	900 SW TAMARROW PLACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VOLPE, PASQUALE	
STREET ADDRESS	2974 SW BRIGHTON WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DINOL, ROSE MARIE	
STREET ADDRESS	731 SW ARKANSAS TERRACE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	T	<input type="checkbox"/> Delete
NAME	DIMOLA, JOHN	
STREET ADDRESS	731 SW ARKANSAS TERR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	FS	<input type="checkbox"/> Delete
NAME	VOLPE, SUSAN	
STREET ADDRESS	2974 SW BRIGHTON WAY	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN RUSSO	
STREET ADDRESS	908 N. FORK ROAD	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	ROSE GECKLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	702 PORTAGE AVE.	
STREET ADDRESS	PORT ST. LUCIE, FL 34984	
CITY-ST-ZIP		
TITLE	ANTHONY BANCONE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3711 SW WHISPERING SOUND DR.	
STREET ADDRESS	PALM CITY, FL 34990	
CITY-ST-ZIP		
TITLE	PATRICIA BANCONE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3711 SW WHISPERING SOUND DR.	
STREET ADDRESS	PALM CITY, FL 34990	
CITY-ST-ZIP		
TITLE	JOHN DIMOLA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	731 SW ARKANSAS TERR	
STREET ADDRESS	PORT ST. LUCIE, FL 34953	
CITY-ST-ZIP		
TITLE	SUSAN VOLPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2974 SW BRIGHTON WAY	
STREET ADDRESS	PALM CITY, FL 34990	
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:

*John Dimola*

*3/6/2002 772-871-6480*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)