

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90124 032 \*\*\*\*61.25

**DOCUMENT # 738740**

1. Entity Name

**PALM BEACH MASONIC SQUARE CLUB, INC.**



Principal Place of Business

**1901 SOUTH CONGRESS AVENUE  
# 120  
BOYNTON FL 33426  
US**

Mailing Address

**1901 SOUTH CONGRESS AVENUE  
# 120  
BOYNTON FL 33426  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7410600**

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

**MERKLE, WILLIAM R.  
1901 SOUTH CONGRESS AVENUE  
#120  
BOYNTON FL 33426**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☒ Delete  
NAME **OWENS, RICHARD**  
STREET ADDRESS **716 SW 15TH ST**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **V** ☐ Change ☒ Addition  
NAME **MALLUK, NORMAN**  
STREET ADDRESS **8795 CASTLE CR.**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **T** ☐ Delete  
NAME **LLEWELLYN, FERNALD**  
STREET ADDRESS **201 LEISURE LAKE CIRCLE #110**  
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **T** ☒ Change ☐ Addition  
NAME **LLEWELLYN FERNALD**  
STREET ADDRESS **1070 SW 20TH TERRACE APT 122**  
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **S** ☐ Delete  
NAME **KOPPELMAN, WILLIAM**  
STREET ADDRESS **10124 45TH WAY S 468**  
CITY-ST-ZIP **BOYNTON BEACH FL 33436-4264**

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

TITLE **P** ☐ Delete  
NAME **SHUMELDA, WILLIAM**  
STREET ADDRESS **118 SW 10TH COURT**  
CITY-ST-ZIP **BOYNTON BEACH FL**

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

TITLE **D** ☒ Delete  
NAME **EIPPERT, BERT**  
STREET ADDRESS **1005 SW 10TH ST**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **DOLINS, EDWARD H.**  
STREET ADDRESS **2723 QUAKING LEAF LN.**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **D** ☐ Delete  
NAME **HOLMES, JOSEPH**  
STREET ADDRESS **603 CANAL WAY**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **D** ☐ Change ☐ Addition  
NAME **WOLF, ART**  
STREET ADDRESS **500 SW GOLFVIEW TER APT 120**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

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: **LLEWELLYN FERNALD**  
**SIGNATURE REQUIRED**

*Llewellyn Fernald*

**3-31-03 561/243-4104**

CR2E037 (10/02)