

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90345 047 ****61.25

0047384

DOCUMENT # 763648

1. Entity Name

POMPANO BEACH CHAPTER OF THE GRAND LODGE OF H.B.

Principal Place of Business

5100 NW 54 CT
 TAMARAC FL 33319
 US

Mailing Address

5100 NW 54 CT
 TAMARAC FL 33319
 US

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

31-1051809

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

**MAHRER, ROSE
 5100 NW 54 CT
 TAMARAC FL 33319**

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 PD ☐ Delete
 NAME SESLOW, AL
 STREET ADDRESS 3521 INVERRY DR BLDG J
 CITY-ST-ZIP LAUDERHILL FL

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

TITLE VD ☒ Delete
 NAME HANDLER, TILLIE
 STREET ADDRESS 8260 SW 24 ST
 CITY-ST-ZIP N. LAUDERDALE FL

TITLE ☐ Change ☐ Addition
 NAME VD
 STREET ADDRESS PHYLLIS, R. NOVAK
 CITY-ST-ZIP 1124 Cypress Dr.
 Pompano Beach, FL 33069

TITLE SD ☐ Delete
 NAME WYNBRANDT, BUNNY
 STREET ADDRESS 9481 SUNRISE LAKES BLVD
 CITY-ST-ZIP SUNRISE FL

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

TITLE TD ☐ Delete
 NAME MAHRER, ROSE
 STREET ADDRESS 5100 NW 54 CT
 CITY-ST-ZIP TAMARAC FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rose Mahler 2/7/01-485-8028

CR2E037 (10/00)

814803



DO NOT WRITE IN THIS SPACE