

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90198 036 ****61.25

DOCUMENT # 763648

1. Entity Name

**POMPANO BEACH CHAPTER OF THE GRAND LODGE OF H.B.
 O.U.**

Principal Place of Business

Mailing Address

~~5100 NW 54 CT~~ **H.B.S.U.**
~~TAMARAC FL 33319~~

~~5100 NW 54 CT~~ **3521 INVERRARY DR.**
~~TAMARAC FL 33319~~ **LAUDERHILL, FL 33319**

2. Principal Place of Business

3521 INVERRARY DR.

3. Mailing Address

3521 INVERRARY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

402

402

City & State

City & State

LAUDERHILL, FL

LAUDERHILL, FL

Zip

Country

Zip

Country

33319

BROWARD

33319

BROWARD

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~~

ALLEN SESLOW
3521 INVERRARY DR. # 402
LAUDERHILL, FL 33319

Name

ALLEN SESLOW

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

3521 INVERRARY DR. # 402

LAUDERHILL

City

FL

Zip Code

33319

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 **ALLEN SESLOW PRES.**

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 INVERRARY DR BLDG J**
 CITY-ST-ZIP **LAUDERHILL FL**

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

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 **VD** ☐ Delete
 NAME **PHYLLIS, NOVAK R**
 STREET ADDRESS **1124 CYPRESS DR.**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

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:

ALLEN SESLOW
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-730-0259

CR2E037 (9/01)