

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766120

1. Entity Name

FORT LAUDERDALE LODGE NO. 2263 ORDER SONS OF ITL

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90181 013 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3142 N.W. 113TH AVE.
SUNRISE FL 33323

3142 N.W. 113TH AVE.
SUNRISE FL 33323-1434

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

59-6510843

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOMPADRE, PEGGY M
3142 N.W. 113TH AVE.
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name

HERMAN J. MANCINI SR.

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

216 N.W. 42ND TERRACE

City

PLANTATION

FL

Zip Code

33317-3114

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

Peggy M. Bompadre

Signature, typed or printed name of registered agent and title if applicable.

H. Mancini Sr.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BOMPADRE, PEGGY M	
STREET ADDRESS	3142 N.W. 113TH AVE.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MANCINI, HERMAN SR	
STREET ADDRESS	216 N.W. 42ND TERR.	
CITY-ST-ZIP	PLANATAION FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DE LUCA, VINCENT	
STREET ADDRESS	9293 SHADOW WOOD BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PERSICILLI, CLAIRE	
STREET ADDRESS	9077 N W 25TH CT	
CITY-ST-ZIP	CORAL SPGS FL 33065	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLORIO, RALPH	
STREET ADDRESS	2995 MYRTLE OAK CIR	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	T	<input type="checkbox"/> Delete
NAME	CALABRESE, NANCY	
STREET ADDRESS	14605 NW 3RD AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CF12E037 (9/99)

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 #