

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90006 048 ****61.25

0047936

DOCUMENT # 766120

1. Entity Name

FORT LAUDERDALE LODGE NO. 2263 ORDER SONS OF JTL

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**MANCINI, HERMAN J SR
 216 NW 42ND TERRACE
 PLANTATION FL 33317-3114**

7. Name and Address of New Registered Agent

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

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	PLANTATION 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	DE LUCA, ROSE	
STREET ADDRESS	9293 SADLEWOOD BLVD	
CITY-ST-ZIP	CORAL SPGS 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	

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** *Herman Mancini Sr.* **1-18-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)