

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 767324**

1. Entity Name

PORT CHARLOTTE LODGE #2507 ORDER OF THE SONS OF**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90027 045 ****61.25

0070835

Principal Place of Business	Mailing Address
3725 EASYS T PORT CHARLOTTE FL 33952 US	3725 EASY ST PORT CHARLOTTE FL 33952 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0383551	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARRYOTT, THOMAS D. FIRST NATIONAL BANK BUILDING SUITE 408 PUNTA GORDA FL 33950	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 \$61.259. 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																								
<table><tr><td>TITLE</td><td>FSD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ZAMPERINI, MARY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3300 LOVELAND BLVD #1704</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PT CHARLOTTE FL</td><td></td></tr></table>	TITLE	FSD	<input type="checkbox"/> Delete	NAME	ZAMPERINI, MARY		STREET ADDRESS	3300 LOVELAND BLVD #1704		CITY-ST-ZIP	PT CHARLOTTE FL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 #

CR2E037 (10/00)