

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768501

1. Entity Name

LODGE 2524 CORP.

Principal Place of Business

Mailing Address

P.O. BOX 29 -1525ET  
PORT ORANGE FL 32129

1203 WAYNE AVENUE  
NEW SMYRNA BEACH FL 32168-6133

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

05-9146696

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

TROPEA, PATRICK  
3255 SOUTH ATLANTIC  
DAYTONA BEACH FL 32127

Name

ANDREANO JOSEPH J.

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

724 GREEN ROAD

NEW SMYRNA BEACH, FL. 32168

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

*Joseph J. Andreano*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

JOSEPH J. ANDREANO

3/8/2000

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 P ☒ Delete  
NAME TROPEA, PATRICK  
STREET ADDRESS 3255 SOUTH ATLANTIC  
CITY-ST-ZIP DAYTONA BEACH FL 32127

TITLE ☐ Change ☐ Addition  
NAME ANDREANO, JOSEPH J.  
STREET ADDRESS 724 GREEN ROAD  
CITY-ST-ZIP NEW SMYRNA BEACH, FL. 32168

TITLE V ☒ Delete  
NAME CATALANO, JANET L.  
STREET ADDRESS 1203 WAYNE AVE  
CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE ☐ Change ☐ Addition  
NAME VICE PRESIDENT  
STREET ADDRESS FIORE, FRANK  
CITY-ST-ZIP 2519 MILTON  
NEW SMYRNA BEACH, FL. 32168

TITLE ST ☐ Delete  
NAME CATALANO, VINCENT  
STREET ADDRESS 1203 WAYNE AVE.  
CITY-ST-ZIP NEW SMYRNA BCH. FL

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

TITLE D ☐ Delete  
NAME CIRONE, JOSEPH  
STREET ADDRESS 746 ROLLING HILLS DR  
CITY-ST-ZIP DAYTONA BEACH FL 32119

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

TITLE D ☒ Delete  
NAME TROPEA, YOLANDA  
STREET ADDRESS 3255 S. ATLANTIC  
CITY-ST-ZIP DAYTONA BCH FL

TITLE ☐ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS AMEROSA, ANTHONY  
CITY-ST-ZIP 2902 NORDMAN  
NEW SMYRNA BEACH, FL. 32168

TITLE D ☒ Delete  
NAME FIORE, FRANK  
STREET ADDRESS 2519 MILTON  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS CATALANO, JANET L.  
CITY-ST-ZIP 1203 WAYNE AVENUE  
NEW SMYRNA BEACH, FL. 32168

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:

*Vincent P. Catalano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/00 904-423-7548

FILED

Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90069 002 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE