

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90056 016 *****61.25

DOCUMENT # 768501

1. Entity Name

LODGE 2524 CORP.

Principal Place of Business

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

Mailing Address

**1203 WAYNE AVENUE
NEW SMYRNA BEACH FL 32168**

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

**ANDREANO, JOSEPH J
724 GREEN ROAD
NEW SMYRNA BEACH FL 32168**

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)

2-28-2001

DATE

JOSEPH J. ANDREANO**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	<input checked="" type="checkbox"/> Delete
NAME	TROPEA, PATRICK	
STREET ADDRESS	724 GREEN ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FIORÉ, FRANK	
STREET ADDRESS	2519 MILTON	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	ST	<input type="checkbox"/> Delete
NAME	CATALANO, VINCENT	
STREET ADDRESS	1203 WAYNE AVE.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	CIRONE, JOSEPH	
STREET ADDRESS	746 ROLLING HILLS DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AMEROSA, ANTHONY	
STREET ADDRESS	2902 NORDMAN	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	D	<input type="checkbox"/> Delete
NAME	CATALANO, JANET L	
STREET ADDRESS	1203 WAYNE AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREANO, JOSEPH J.	
STREET ADDRESS	724 GREEN ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168	

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMEROSA, ANTHONY	
STREET ADDRESS	2902 NORDMAN	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL. #@!@*	

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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMIERI, CARMELLA	
STREET ADDRESS	6467 RENAISSANCE DR.	
CITY-ST-ZIP	PORT ORANGE, FL 32124	

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:

Vincent P. Catalano**VINCENT P. CATALANO****2-28-2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)