

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90108 018 *****61.25

DOCUMENT # N10980

1. Entity Name

PORT ST. LUCIE LODGE NO. 2658, INC., BENEVOLENT

Principal Place of Business

2290 LENNARD RD.
 P O BOX 8152
 PORT ST. LUCIE FL 34985

Mailing Address

2290 LENNARD RD.
 P O BOX 8152
 PORT ST. LUCIE FL 34985

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

59-2270892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARKOWITZ, HOWARD
3614 WESTCHESTER CIR
PORT SAINT LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

AUGUSTUS J. SIMONELLI

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

2911-SE DALHART ROAD

City

PORT ST. LUCIE

FL

Zip Code

34952

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

Augustus J. Simonelli

AUGUSTUS J. SIMONELLI

4-10-2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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	DC	<input type="checkbox"/> Delete
NAME	TRAINOR, EDWARD C JR	
STREET ADDRESS	6 JUAREZ LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REYNOLDS, CHARLES L	
STREET ADDRESS	2190 SE FLANDERS ROAD	
CITY-ST-ZIP	PT. ST. LUCIE FL 34952-5652	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUGHES, WILLIAM G	
STREET ADDRESS	1744 SE ANECI STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CORTAZZO, JOHN	
STREET ADDRESS	128 COVE VIEW COURT	
CITY-ST-ZIP	STUART FL 34994	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATELA, RICHARD J JR	
STREET ADDRESS	2033 SE CAMDEN ST	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAKER, KENNETH A	
STREET ADDRESS	50 W. CARIBBEAN	
CITY-ST-ZIP	PT. ST. LUCIE FL 34952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERWIN GIESEMAN	
STREET ADDRESS	2124-SE E. DUNBROOK CIR.	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952	
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODNEY SPIVEY	
STREET ADDRESS	1497-SW ALGARDI LN.	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34953	
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD J. MATELA JR.	
STREET ADDRESS	2033-SE CAMDEN STREET	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN CORTAZZO	
STREET ADDRESS	128-COVE VIEW COURT	
CITY-ST-ZIP	STUART, FL. 34994	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD SOUTHARD	
STREET ADDRESS	2074-SE CROWBERRY DR.	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH A. BAKER	
STREET ADDRESS	50-W. CARIBBEAN	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952	

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:

KENNETH A. BAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth A. Baker

Date

APRIL 10-2001

Daytime Phone #

(561) 235-3557

CR2E037 (10/00)