

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48337

1. Entity Name

PALM BAY LODGE NUMBER 2766 OF THE BENEVOLENT AND

Principal Place of Business

1155 MALABAR RD  
SUITE 1 AND 2  
PALM BAY FL 32907

Mailing Address

PO BOX 100046  
PALM BAY FL 32910  
US

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

59-3093089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UNDERWOOD, CATHERINE D  
357 FERNANDINA ST NW  
PALM BAY FL 33907

7. Name and Address of New Registered Agent

Name

Casale, Robert

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

750 Hurole Ave. NE

City

Palm Bay

FL

Zip Code

32907

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 Robert Casale

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 DS  
NAME DUPRAS, WILLIAM J  
STREET ADDRESS 1191 GREENVIEW CT NE  
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

TITLE D  
NAME UNDERWOOD, CATHY  
STREET ADDRESS 357 FERNANDINA ST NW  
CITY-ST-ZIP PALM BAY FL 32907 ☒ Delete

TITLE D  
NAME DAVIS, JOHN  
STREET ADDRESS 1073 NEWBERN ST NE  
CITY-ST-ZIP PALM BAY FL 32905 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D  
NAME Robert Casale  
STREET ADDRESS 750 Hurole Ave NE, Palm Bay FL 32907 ☐ Change ☒ Addition

TITLE D  
NAME Carl Conklin  
STREET ADDRESS 2470 Hunter Lane  
CITY-ST-ZIP Malabar, FL 32950 ☐ Change ☒ Addition

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

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

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

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: William J. Dupras

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Dupras

Date

4-12-01

Daytime Phone #

321-727-8290

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90106 050 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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