

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000297

1. Entity Name

THE PALM BEACH WEST LODGE, NO. 2785, BENEVOLENT

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90093 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

14909 HORSESHOE TRACE  
WEST PALM BEACH FL 33414-4053

14909 HORSESHOE TRACE  
WEST PALM BEACH FL 33414-4053

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

36-0793011

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

MACNAK, PHILIP P  
14909 HORSESHOE TRACE  
WEST PALM BEACH FL 33414-4053

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 \$61.25**

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 **MACNAK, PHILIP P**  
STREET ADDRESS **14909 HORSESHOE TRACE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33414-4053**

TITLE **P** ☐ Change ☒ Addition  
NAME **Cunningham, John T.**  
STREET ADDRESS **2654 March Circle**  
CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE **D** ☐ Delete  
NAME **MAGUIRE, SEAN D**  
STREET ADDRESS **13860 ISHUALA CIRCLE**  
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE **D** ☐ Delete  
NAME **FADDISH, JOHN A**  
STREET ADDRESS **116 OHIO ROAD**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE **D** ☒ Delete  
NAME **ARTHUR B KARNS**  
STREET ADDRESS **15720 WEATHERLY ROAD**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Change ☒ Addition  
NAME **Netschke, Jr., Donald E.**  
STREET ADDRESS **13839 Barberrry Drive**  
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **S** ☒ Delete  
NAME **NETSCHKE, JR, DONALD E**  
STREET ADDRESS **13839 BARBERRY DRIVE**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **S** ☐ Change ☒ Addition  
NAME **Macnak, Philip P.**  
STREET ADDRESS **14909 Horseshoe Trace**  
CITY-ST-ZIP **West Palm Beach, FL 3344**

TITLE **T** ☒ Delete  
NAME **SHAW, RAY**  
STREET ADDRESS **809 AZAURE AAVENUE**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **T** ☐ Change ☒ Addition  
NAME **Iscaro, Al**  
STREET ADDRESS **2640 Gately Dr W, Suite 505**  
CITY-ST-ZIP **West Palm Beach, FL 33415**

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: Philip P. Macnak REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000 561 739-2860  
Date Daytime Phone #

CR2E037 (9/99)