

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90290 041 ****61.25

DOCUMENT # N96000000297

1. Entity Name

THE PALM BEACH WEST LODGE, NO. 2785, BENEVOLENT

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.

(NOT) 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	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, JOHN T	
STREET ADDRESS	2654 MARCH CIRCLE	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAGUIRE, SEAN D	
STREET ADDRESS	13860 ISHNALA CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	FADDISH, JOHN A	
STREET ADDRESS	116 OHIO ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NETSCDKE, DONALD E JR	
STREET ADDRESS	13839 BARBERRY DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACNAK, PHILIP P	
STREET ADDRESS	14909 HORSESHOE TRACE	
CITY-ST-ZIP	WEST PALM BEACH FL 3344	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ISCARO, AL	
STREET ADDRESS	2640 GATELY DR W SUITE 505	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	

TITLE	president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benjamin C LaPerna	
STREET ADDRESS	17494 48th Court N	
CITY-ST-ZIP	Loxahatchee, FL 33470	
TITLE	Jack R Weikel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1620 Corsica Drive	
STREET ADDRESS	Wellington, Fl 33414	
CITY-ST-ZIP	Director	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Joseph Naulty	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1943 Suellen Circle	
STREET ADDRESS	Wellington, FL 33414	
CITY-ST-ZIP	Director	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward L Ehmke	
STREET ADDRESS	12728 Headwater Circle	
CITY-ST-ZIP	Wellington, FL 33414	

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

SIGNATURE FEE: \$10.00

5/24/01

561-798-6548

CR2E037 (10/00)