

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0036238

DOCUMENT # N99000006433

1. Entity Name

DELRAY BEACH LODGE #2719, INC.

03-20-2002 90013 025 ****61.25

Principal Place of Business

Mailing Address

**300 S. OCEAN BLVD.
 DELRAY BEACH FL 33483**

**300 S. OCEAN BLVD.
 DELRAY BEACH FL 33483**

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

65-0959616

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

**FUOCO, WILLIAM G
 300 S. OCEAN BLVD.
 DELRAY BEACH FL 33483**

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 **PD** ☐ Delete
 NAME **FUOCO, WILLIAM G**
 STREET ADDRESS **300 S. OCEAN BLVD.**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

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

TITLE **S** ☐ Delete
 NAME **BOZZUTO, JEAN**
 STREET ADDRESS **1850 HOLMWOOD AVE. #1-104**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **T** ☐ Delete
 NAME **RENZA, JOSEPH**
 STREET ADDRESS **8169 ROSE MARIE AVE. W.**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

TITLE **FSD** ☒ Delete
 NAME **MCNEILL, CLARA M**
 STREET ADDRESS **90 PELICAN POINTE DR. #205**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **FSD** ☐ Change ☐ Addition
 NAME **PITTARO, SAMUEL**
 STREET ADDRESS **2148 SHERWOOD FOREST B14**
 CITY-ST-ZIP **WEST PALM BEACH, FL. 33415**

TITLE **VPD** ☒ Delete
 NAME **MENDILLO, ANTHONY**
 STREET ADDRESS **1342 C HIGH POINT WAY SE**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **VPD** ☐ Change ☐ Addition
 NAME **BLANCHETTE HAROLD**
 STREET ADDRESS **905 MISSION HILL RD.**
 CITY-ST-ZIP **BOYNTON BEACH, FL. 33435**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature of William G. Fuoco

WILLIAM G. FUOCO

3/7/02

(561)278-9936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)