

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90037 009 ****61.25

DOCUMENT # 729557

1. Entity Name

KNIGHTS OF COLUMBUS 5643 BUILDING ASSOCIATION IN

Principal Place of Business

Mailing Address

**224 E BULLARD
P.O. BOX 494
LAKE WALES FL 33853-3741**

**2809 TINDEL CAMP RD
LAKE WALES FL 33853-8804**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CASE, ROY
2809 TINDEL CAMP RD
LAKE WALES FL 33853**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD JESTICE, RALPH	NAME	
STREET ADDRESS	3579 JENNINGS RD.	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD GRONDIN, DANIEL	NAME	
STREET ADDRESS	216 E. POLK AVE.	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD STRICKER, CHRIS	NAME	
STREET ADDRESS	550 BURNS AVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD MCKEON, MARK DR.	NAME	
STREET ADDRESS	1327 SEMINOLE RD	STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P CASE, ROY	NAME	
STREET ADDRESS	2809 TINDEL CAMP RD.	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD SMITH, RICHARD	NAME	
STREET ADDRESS	1043 ST. ANNE SHRINE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	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 REQUIRED

4/10/00

863.439.6883

CR2E037 (9/99)