

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90471 043 ****61.25

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DOCUMENT # C10364

1. Entity Name

GAINESVILLE CHAPTER NO. 2 ROYAL ARCH MASONS

Principal Place of Business

Mailing Address

2121 NORTHEAST 55TH BLVD.
 GAINESVILLE FL 32641
 US

P.O. BOX 972
 GAINESVILLE FL 32602
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6144502

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

THIGPEN, WAYNE Y
6400 NW 106 PL
APT. 19
ALACHUA FL 32615

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TD	PIASECKI, FRED L	140 SANTA ROSA ST	FLORAHOME FL	<input checked="" type="checkbox"/>
D	OSGOOD, HOWARD B III	103 NW 40 DR	GAINESVILLE FL 32607	<input type="checkbox"/>
D	FERGUSON, SAMUEL L	3349 SW 20TH ST	BELL FL 32619	<input checked="" type="checkbox"/>
SD	THIGPEN, WAYNE Y	6400 NW 106 PL	ALACHUA FL 32615	<input type="checkbox"/>
D	MATHIS, NELSON L J	4527 NE 77 AVE	ALACHUA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
T	HARVEY L WARD	2121 NE 55 BLVD	GAINESVILLE FL 32609	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	SAM W BOONE JR	708 NE 1 ST	GAINESVILLE FL 32601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	JAN C EGAN	9652 SW 99 AVE	OCALA FL 34481	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Wayne Y. Thigpen* **WAYNE Y. THIGPEN** 2/6/2001 904-462-4606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)