

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90023 004 ****61.25

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

011091



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

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

HARVEY L. WARD

Street Address (P.O. Box Number is Not Acceptable)

2121 N.E. 55th Blvd.

City

Gainesville

FL

Zip Code

32641

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Harvey L. Ward

HARVEY L. WARD

9-1-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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	Delete
S/D	WARD, HARVEY L	2121 NE 55 BLVD.	GAINESVILLE FL 32609	<input type="checkbox"/>
D	OSGOOD, HOWARD B III	103 NW 40 DR	GAINESVILLE FL 32607	<input checked="" type="checkbox"/>
D	BOONE, SAM W	708 NE 1ST ST	GAINESVILLE FL 32601	<input type="checkbox"/>
SD	THIGPEN, WAYNE Y	6400 NW 106 PL	ALACHUA FL 32615	<input checked="" type="checkbox"/>
D	EGAN, JAN C	9652 SW 99 AVENUE	OCALA FL 34481	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D/T	Dell M. Sanders	2346 N.W. 54th Ave.	GAINESVILLE, FL. 32653-2013	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	605 N.E 1st St, Suite E	GAINESVILLE, FL. 32601		<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	William H. Schreiber	RR 1 Box 316	BRANFORD, FL. 32006	<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:

Harvey L. Ward
HARVEY L. WARD

9-1-02 352-378-3936

CR2E037 (4/02)