

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10382

1. Entity Name

EDEN CHAPTER NO. 63 ROYAL ARCH MASONS

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90020 027 ****61.25

Principal Place of Business

Mailing Address

6319 LOUISANNA AVE.
NEW PORT RICHEY FL 34656-0971
US

7229 BALTUSROL DRIVE
NEW PORT RICHEY FL 34654-5902
CHANGE BELOW

2. Principal Place of Business

3. Mailing Address

AS ABOVE

DE ROBERTS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10347 STATE RD 52

City & State

City & State

PORT RICHEY 34669

Zip

Country

Zip

Country

34669



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2700455

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

SHINN, H JOHN
7229 BALTUSROL DR
NEW PORT RICHEY FL 34654-5902

Name DE ROBERTS

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

10347 STATE ROAD 52

City

PORT RICHEY

FL

Zip Code

34669

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 D
NAME PRATT, KEITH
STREET ADDRESS 11625 MEADOW DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BACH, ERNEST
STREET ADDRESS 7421 JOHNSON RD
CITY-ST-ZIP NEW PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CLEGG, WILLIAM NORMAN
STREET ADDRESS 6809 GARDEN DR
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME SHINN, H JOHN
STREET ADDRESS 7229 BALTUSROL DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME ROBERTS, HERBERT C
STREET ADDRESS 12837 SHADOW RIDGE BLVD
CITY-ST-ZIP HUDSON FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME KING, DONALD H
STREET ADDRESS 11046 CAPTAIN DR
CITY-ST-ZIP SPRING HILL FL 34668

TITLE
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:

DE ROBERTS, sec.

1-26-00

727-856-2131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)