

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10382

1. Entity Name

EDEN CHAPTER NO. 63 ROYAL ARCH MASONS

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90012 032 \*\*\*\*61.25

Principal Place of Business  
6319 LOUISANNA AVE.  
NEW PORT RICHEY FL 34656-0971  
US

Mailing Address  
DE ROBERTS  
10347 STATE RD 52  
PORT RICHEY FL 34669

00004004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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  
ROBERTS, DE  
10347 STATE RD 52  
PORT RICHEY FL 34669

7. Name and Address of New Registered Agent  
Name Luke Deroberts  
Street Address (P.O. Box Number is Not Acceptable)  
10347 STATE RD 52  
Hudson, FL 34669  
City Hudson **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 Luke Deroberts 1-10-01  
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRATT, KEITH	
STREET ADDRESS	11625 MEADOW DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, TUTU GRE	
STREET ADDRESS	10347 STATE RD 52	
CITY-ST-ZIP	PORT RICHEY FL 34669	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLEGG, WILLIAM NORMAN	
STREET ADDRESS	6809 GARDEN DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CLEGG WILLIAM, NORMAN	
STREET ADDRESS	6209 GARDEN DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERTS, HERBERT C	
STREET ADDRESS	12637 SHADOW RIDGE BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	T	<input type="checkbox"/> Delete
NAME	KING, DONALD H	
STREET ADDRESS	11046 CAPTAIN DR	
CITY-ST-ZIP	SPRING HILL FL 34668	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruby, Lawrence	
STREET ADDRESS	7703 RADCLIFFE CIR.	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JODAIN, WILFRED	
STREET ADDRESS	7210 ASTOR DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652-1608	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEROBERTS, LUKE J.	
STREET ADDRESS	10347 STATE RD 52	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, CHARLIE T.	
STREET ADDRESS	7920 PUTNAM CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, DONALD H.	
STREET ADDRESS	11046 CAPTAIN DR	
CITY-ST-ZIP	SPRING HILL, FL 34668	

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: Luke Deroberts 1-10-01 727-856 2131  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)