

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10382

1. Entity Name

EDEN CHAPTER NO. 63 ROYAL ARCH MASONS

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90334 014 ****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

00101789

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

DEROBERTS, LUKE
10347 STATE RD 52
PORT RICHEY FL 34669

7. Name and Address of New Registered Agent

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

4-25-02

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 PD
NAME RUBY, LAWRENCE ☒ Delete
STREET ADDRESS 7703 RADCLIFFE CIR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE PD
NAME WAYNE BERRYHILL ☐ Change ☒ Addition
STREET ADDRESS 10365 OSCEOLA DR.
CITY-ST-ZIP New Port Richey, FL 34654

TITLE D
NAME JODION, WILFRED ☐ Delete
STREET ADDRESS 7210 ACTOR DR
CITY-ST-ZIP NEW PORT RICHEY FL 34652-1608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME DEROBERTS, LUKE J ☐ Delete
STREET ADDRESS 10347 SR 52
CITY-ST-ZIP HUDSON FL 34669

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME COX, CHARLIE T ☐ Delete
STREET ADDRESS 7920 PUTNAM CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE VD
NAME COX, CHARLIE T. ☒ Change ☐ Addition
STREET ADDRESS 7920 PUTNAM CIRCLE
CITY-ST-ZIP New Port Richey, FL 34655

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE D
NAME King, Donald H ☒ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

727-856-2131

Date

Daytime Phone #

CR2E037 (9/01)