

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10393

1. Entity Name

PALATKA COMMANDERY NO. 5, KNIGHTS TEMPLAR

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90019 002 ****61.25

Principal Place of Business

Mailing Address

1334 CRILL AVE.
PALATKA FL 32177

P.O. BOX 2294
PALATKA FL 32178-2294
US

00011033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1830758

Applied For

Not Applied

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

BUCK, WILLIAM L. JR.
1307 SOUTH 14 TH STREET
PALATKA FL 32177

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

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 ☐ Delete
NAME HAWKINS, WILLIS J
STREET ADDRESS HC 1 BOX 479
CITY-ST-ZIP SATSUMA FL 32189

TITLE D ☐ Delete
NAME LOWERY, KENNETH L
STREET ADDRESS 3212 ELLEN CT
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE D ☒ Delete
NAME LAW, GRADY B.
STREET ADDRESS 1804 COLONIAL DRIVE
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE T ☐ Delete
NAME DARDEN, JR, WILLIAM E
STREET ADDRESS 1120 WESTOVER DR
CITY-ST-ZIP PALATKA FL 32177

TITLE D ☐ Delete
NAME BUCK, JR. W
STREET ADDRESS 1307 SOUTH 14TH STREET
CITY-ST-ZIP PALATKA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE / D ☒ Change ☐ Addition
NAME Robert A. Niles
STREET ADDRESS P.O. Box 224
CITY-ST-ZIP San Mateo, FL 32187-0224

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

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

TITLE ☐ Change ☐ Addition
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: *William L. Buck, Jr.* L. Buck, Jr. 02/07/00 904-328-2210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #