

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90066 019 ****61.25

W10373

DOCUMENT # C10421

1. Entity Name

PALATKA COUNCIL NO. 18, ROYAL AND SELECT MASTERS

Principal Place of Business

1334 CRILL AVE.
 PALATKA FL 32177

Mailing Address

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

902232



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 **59-1830758**

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

BUCK, WILLIAM L JR
1307 SOUTH 14TH 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME	D JENKINS, GARY L JR	<input type="checkbox"/> Delete
STREET ADDRESS	P O BOX 23	
CITY-ST-ZIP	PALATKA FL 32178	
TITLE NAME	D HAWKINS, WILLIS J	<input type="checkbox"/> Delete
STREET ADDRESS	HC1 BOX 479 H	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE NAME	D LOWERY, KENNETH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3212 ELLEN CT	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE NAME	T DARDEN, WILLIAM E JR	<input type="checkbox"/> Delete
STREET ADDRESS	1120 WESTOVER DRIVE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE NAME	R BUCK, WILLIAM L	<input type="checkbox"/> Delete
STREET ADDRESS	1307 SOUTH 14TH STREET	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE NAME		<input type="checkbox"/> Delete

TITLE NAME	D Jesse McCalvin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Rt. 3 Box 264	
CITY-ST-ZIP	Crescent City, FL 32112	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **William L BUCK Jr** **SECRETARY/Recorder** **1-15-01** **904-325-4981**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)