

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90268 030 ****61.25

DOCUMENT # C10421

1. Entity Name

PALATKA COUNCIL NO. 18, ROYAL AND SELECT MASTERS

Principal Place of Business

Mailing Address

1334 CRILL AVE.
 PALATKA FL 32177

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

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



DO NOT WRITE IN THIS SPACE

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

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	<input type="checkbox"/> Delete
NAME	JENKINS, GARY L JR	
STREET ADDRESS	P. O BOX 23	
CITY-ST-ZIP	PALATKA FL 32178	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS, WILLIS J	
STREET ADDRESS	HC1 BOX 479 H	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCALVIN, JESSE	
STREET ADDRESS	RT 3 BOX 264	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	T	<input type="checkbox"/> Delete
NAME	DARDEN, WILLIAM E JR	
STREET ADDRESS	1120 WESTOVER DRIVE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	R	<input type="checkbox"/> Delete
NAME	BUCK, WILLIAM L	
STREET ADDRESS	1307 SOUTH 14TH STREET	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* **REQUIRED** *William L. BUCK JR* **4/15/02** **(386)328-2210**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)