

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90031 024 ****61.25

DOCUMENT # C10439

1. Entity Name

ST. JOHNS COUNCIL NO. 37, ROYAL AND SELECT MASTE

Principal Place of Business
 2557 SPRING GARDEN AVE.
 DELAND FL 32720
 US

Mailing Address
 DeLAND YORK RITE BOE
 P.O. BOX 1206
 DELAND FL 32721-1206
 US
 DeLAND, FL 32721-0681



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 681

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3034094**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32721-0681

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

FRITCH, RONALD J
1420 E EUCLID AVE
DELAND FL 32724

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

Ronald J. Fritch *Ronald J Fritch*

2/4/2000

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	FRITCH, RONALD J.	
STREET ADDRESS	1420 E. EUCLID	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN NESS, PETE	
STREET ADDRESS	229 S BLUE LAKE AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUETZ, FREDERICK W.	
STREET ADDRESS	1418 DOUGLAS AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MULLER, JOHN W	
STREET ADDRESS	708C E MINNESOTA AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREYER, WALTER	
STREET ADDRESS	1460 TOLSON RD	
CITY-ST-ZIP	DELAND FL 32720	
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: *Ronald J Fritch* *Ronald J Fritch* *2/4/2000* *904-738-4323*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)