

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90154 011 ****61.25

DOCUMENT # C10439

1. Entity Name

**ST. JOHNS COUNCIL NO. 37, ROYAL AND SELECT WASTE
RS**

Principal Place of Business

Mailing Address

2557 SPRING GARDEN AVE.
DELAND FL 32720
US

PO BOX 681
DELAND FL 32721-0681
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3034094

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/02

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 Delete
NAME **D Secy**
STREET ADDRESS **FRITCH, RONALD J.**
CITY-ST-ZIP **1420 E. EUCLID
DELAND FL**

TITLE Change Addition
NAME **D William Schuck**
STREET ADDRESS **726 N. Florida Ave**
CITY-ST-ZIP **DeLand, FL 32720**

TITLE Delete
NAME **D VAN NESS, PETE**
STREET ADDRESS **229 S BLUE LAKE AVENUE**
CITY-ST-ZIP **DELAND FL**

TITLE Change Addition
NAME **D John Combs**
STREET ADDRESS **24016 Bob Cat Rd**
CITY-ST-ZIP **Astor, FL 32102-2616**

TITLE Delete
NAME **D SCHUETZ, FREDERICK W.**
STREET ADDRESS **1418 DOUGLAS AVENUE**
CITY-ST-ZIP **DELAND FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T MULLER, JOHN W**
STREET ADDRESS **708C E MINNESOTA AVE**
CITY-ST-ZIP **DELAND FL 32724**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D BREYER, WALTER**
STREET ADDRESS **1460 TOLSON RD**
CITY-ST-ZIP **DELAND FL 32720**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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:

Ronald J Fritch **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 *386-738-4323*

Date

Daytime Phone #

CFR2E037 (9/01)