# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 26, 2001 8:00 am**
**Secretary of State**
01-26-2001 90105 005 ****61.25

DOCUMENT # C10440

1. Entity Name

POINCIANA CHAPTER NO. 50 ROYAL ARCH MASONS

| Principal Place of Business | Mailing Address |
|---|---|
| 41 WILLIS ROAD<br>N FT MYERS FL 33917<br>US | POINCIANA CHAPTER # 50 ROYAL ARCH MASONS<br>P O BOX 6354<br>FT MYERS FL 33911<br>US |

DO NOT WRITE IN THIS SPACE

| 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 52-2044508 ☐ 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 |
|---|---|
| YOUNG, W R<br>400-C JULIA ST<br>TITUSVILLE FL 32796 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STAUSS, EARNEST G<br>149 BLUE BEARD DR BUCC. ESTATES<br>N FT MYERS FL 33917-2911 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>WALTMAN, GUY<br>314 GREENWOOD AVE<br>LEHIGH ACRES FL 33972-5131 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HOGG, JAMES W<br>1519 SADDLE WOODE DR<br>FT MYERS FL 33919 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KUCHLING, PETER M<br>2730 NE 20TH CT<br>CAPE CORAL FL 33909-4562 | ☒ Delete | D<br>Record, James L.<br>1956 Gulfview Avenue, Unit #2<br>Fort Myers, Florida 33901-1956 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BATEMAN, WALLACE H<br>1130 NAVAJO AVENUE<br>LEHIGH ACRES FL 33936-7150 | ☒ Delete | D<br>Stanforth, Andrew M.<br>1710 Van Loon Terrace<br>Cape Coral, Florida 33990 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** Doug C Waltman REQUIRED 01/10/2001 (941)369-7992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #