

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90053 023 ****70.00

DOCUMENT # C93000000021

1. Entity Name

KEYSTONE CHAPTER NO. 20, ROYAL ARCH MASONS

Principal Place of Business

WILLIAM D. SPIKER
1546 N.E. 17TH WAY
FT. LAUDERDALE FL 33304-1335

Mailing Address

WILLIAM D. SPIKER
1546 N.E. 17TH WAY
FT. LAUDERDALE FL 33304-1335

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

59-0623887

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

SPIKER, WILLIAM D
1546 N.E. 17TH WAY
FORT LAUDERDALE FL 33304-1335

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** ☐ Delete
 NAME **LARGE, JACK M**
 STREET ADDRESS **2260 N.E. 62ND STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SHORTELL, MIKE C**
 STREET ADDRESS **3041 S.W. 22ND STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GREEN, WILLIAM W**
 STREET ADDRESS **11729 N.W. 37TH STREET**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **ARTEAGA, MIGUEL**
 STREET ADDRESS **7337 TEXAS TRAIL**
 CITY-ST-ZIP **BOCA RATON FL 33021**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **SPIKER, WILLIAM D**
 STREET ADDRESS **1546 N.E. 17TH WAY**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

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:

WILLIAM D SPIKER 1/12/02 954-831-0425

CR2E037 (9/01)