

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90147 015 ****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

J. Dewey Hawkins Lodge

3. Mailing Address

Suite, Apt. #, etc.
565 N.E. 42 COURT

Suite, Apt. #, etc.

OAKLAND PARK, FL.

City & State

City & State

City & State

33334

Country

Zip

Country

4. FEI Number **59-0623887**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D-Meyer, Emil Skip** ☒ Change ☐ Addition
NAME **6300 N.W. 20th Street**
STREET ADDRESS **MAA Gate, FL 33063-2315**
CITY-ST-ZIP

TITLE **D-Baudet, Michael G.** ☒ Change ☐ Addition
NAME **1312 S.W. 17th Street**
STREET ADDRESS **Fort Lauderdale, FL 33315-1944**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 1/16/03 854-063-2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)