

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90133 026 ****61.25

DOCUMENT # N00773

1. Entity Name

MASONIC BUILDING CLUB, INC.

Principal Place of Business

Mailing Address

1104 WEST JACKSON
 PENSACOLA FL 32501
 US

2517 NORTH "L" STREET
 PENSACOLA FL 32501-1003
 US

(F I U R J)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2447451

Applied For

Not Applied

Zip

Country

Zip

Country

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

PATE, BERNETT
2517 NORTH 'L' ST
PENSACOLA FL 32505

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	PD	<input type="checkbox"/> Delete
NAME	PATE, BERNETT	
STREET ADDRESS	2517 N "L" ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACKSON, MILDRED	
STREET ADDRESS	1713 W ROSEANNA ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GAINEY, ELLIS	
STREET ADDRESS	3407 W SCOTT ST	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	T	<input type="checkbox"/> Delete
NAME	PURIFY, JAMES H.	
STREET ADDRESS	1310 GERMAIN	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	WEATHERSPOON, JIMMIE	
STREET ADDRESS	624 W CHASE ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Bernett Pate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #