

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90026 027 ****61.25

DOCUMENT # N93000003120

1. Entity Name
FLORIDA DEMOLAY HALL OF FAME, INC.



Principal Place of Business
**407 BELCHER RD N
CLEARWATER FL 33765-2607
US**

Mailing Address
**145 W. DAVIS BLVD.
TAMPA FL 33606 - 3539**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3144673**

Applied For
Not Applicable

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

**MEGUIAR, JEROME M
145 W. DAVIS BLVD
TAMPA FL 33606 - 3539**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Delete
NAME	MEGUIAR, JEROME M.	
STREET ADDRESS	145 W. DAVIS BLVD.	
CITY-ST-ZIP	TAMPA FL 33606-3539	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, GORDAN	
STREET ADDRESS	30700 US 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34684-4445	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BUTTS, JACK R	
STREET ADDRESS	29250 US HWY 19 N, LOT 544	
CITY-ST-ZIP	CLEARWATER FL 33761-2185	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEGUIAR, ROBERT JORDAN	
STREET ADDRESS	145 WEST DAVIS BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33606-3539	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEVAN, CHARLES M	
STREET ADDRESS	164 NIGHTINGALE CIRCLE	
CITY-ST-ZIP	ELLENTON FL 34222-4254	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUIR, WALTER E GENE	
STREET ADDRESS	3333 LIVERPOOL POINT	
CITY-ST-ZIP	INVERNESS FL 34452-8709	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sedory, A. L.	
STREET ADDRESS	2517 Culbreath Cove Ct	
CITY-ST-ZIP	Valrico, FL 33594-6387	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles M. Levan Charles M. Levan 02/03/2003 941-729-1702

CR2E037 (10/02)