


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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90553 017 ****70.00

DOCUMENT # N94000000491

1. Entity Name
UNIVERSAL MASONIC BROTHERHOOD, INC.



Principal Place of Business Mailing Address

**1709 N.E. LAMBRIGHT STREET
TAMPA FL 33610** **1709 N.E. LAMBRIGHT STREET
TAMPA FL 33610**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **23-2220574** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCCOLLOUGH, FREDERICK
1709 N.E. LAMBRIGHT STREET
TAMPA FL 33610**

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 _____ (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	<input type="checkbox"/> Delete
NAME	WEST, DOROTHY	
STREET ADDRESS	4575 FRISCO CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCCOLLOUGH, JUANITA	
STREET ADDRESS	1709 N.E. LAMBRIGHT STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCCOLLOUGH, FREDERICK	
STREET ADDRESS	1709 N.E. LAMBRIGHT STREET	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCOLLOUGH, FREDERICK A	
STREET ADDRESS	937 NINA ELIZABETH CIRCLE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, ERNEST	
STREET ADDRESS	3101 CHIPCO ST	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, GREGORY	
STREET ADDRESS	2113 BEACH ST	
CITY-ST-ZIP	TAMPA FL 33607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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: Juanita McCollough (Juanita McCollough) 1-16-03

CR2E037 (10/02)