**2003 NOT-FOR-PROFIT CORPORATION** 

## **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # C10365** 1. Entity Name



## **FILED** Jan 23, 2003 8:00 am Secretary of State

GAINESVILLE COUNCIL NO. 27 ROYAL AND SELECT MAST ERS						01-23-200	3 90122	029 ****6	51.25	
Principal Place of Business 2121 N.E. 55TH BLVD GAINESVILLE FL 32641 JS		Mailing Address P.O. BOX 972 GAINESVILLE FL 32602								
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.						THE THAT BURN A	en enen heel	
					☐ CHECK HERE IF MAKING CHANGES					
City & Sta	ate	City & State			4. FEI Number	59-6144503		A	pplied For	7
Zip	Country	Zip	Country						lot Applicable	]
			-		5. Certificate of	Status Desired		\$8.75 Ac Fee Requir		
	6 Name and Address of Curren	t Registered Agent	Nam	- <u></u> -	7Name and A	ddress of New I	Registered	Agent		-
WARD, HARVĖ̇̃ L					s (P.O. Box Number is Not Acceptable)					
2121 N.E. 55TH BLVD GAINESVILLE FL 32641					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Tot / toopitab				4
CAINESV	TILLE PL 32041		City				FI	Zip Coo	de	1
8. The above	e named entity submits this statement f	or the purpose of changing its r	egistered offic	e or register	ed agent, or both,	in the State of Fl	lorida. I am	n familiar with	, and accept	1
trie obliga	ations of registered agent.	1a 0				1 2	, .	7		ı
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SIGNATURE	, , ,	W CO	B1-4			_/ <i>``</i> A./	<u>                                     </u>	<u> </u>		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent si	gnature required	when reinstating)	_/	DATE	<u> </u>		
	, , ,	9. Election Cam Trust Fund Co	paign Financin		\$5.00 May Be Added to Fees		ake Ched	ck Payable		
10.	FILE NOW: FEE IS \$61.25  OFFICERS AND D	9. Election Cam Trust Fund Co	paign Financin	ig'	<b>\$5.00</b> May Be	Flori	ake Ched ida Depa	rtment of	State	-
10. TITLE VAME STREET ADDRESS	FILE NOW: FEE IS \$61.25  OFFICERS AND D  SD  WARD, HARVEY L 2121 N.E. 55TH BLVD	9. Election Cam Trust Fund Co	paign Financin ontribution.  11. TITLE NAME STREET ADDRE	ng	\$5.00 May Be Added to Fees	Flori	ake Ched ida Depa	rtment of	State	037 (10/02)
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed of printed name of registered agen  FILE NOW: FEE IS \$61.25  OFFICERS AND D  SD WARD, HARVEY L 2121 N.E. 55TH BLVD GAINESVILLE FL 32641  TD SANDERS, DELL M	9. Election Cam Trust Fund Co	paign Financin entribution.  11.  TITLE NAME STREET ADDRE CITY-ST-ZIP  TITLE NAME	ss S	\$5.00 May Be Added to Fees	Flori	ake Ched ida Depa	DIRECTORS II	State N 10	CR2F037 (10/02)
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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 the empowered.

-21-03 352-378-3936