

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90117 022 ****61.25

DOCUMENT # 702648

1. Entity Name

SCOTTISH RITE FOUNDATION OF FLORIDA, U.S.A, INC.

Principal Place of Business

**5500 MEMORIAL HWY.
TAMPA FL 33634**

Mailing Address

**5500 MEMORIAL HWY.
TAMPA FL 33634**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6139954**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRKPATRICK, ROBERT G
5500 MEMORIAL HWY
TAMPA FL 33634**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-17-02

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00** May Be Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete
NAME **GOLDSMITH, ROBERT L.**
STREET ADDRESS **1520 N WICKHAM RD.**
CITY-ST-ZIP **MELBOURNE FL**TITLE **S** ☐ Delete
NAME **KIRKPATRICK, ROBERT G**
STREET ADDRESS **1846 PENNWOOD CIR W**
CITY-ST-ZIP **CLEARWATER FL 34616**TITLE **T** ☐ Delete
NAME **ESCHRICH, DAVID A**
STREET ADDRESS **917 HAYMARKET DR**
CITY-ST-ZIP **LAKELAND FL 33805**TITLE **VD** ☒ Delete
NAME **SCOTT, LESLIE H.**
STREET ADDRESS **4409 SHILOH LANE**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **VD** ☒ Delete
NAME **ROSENBAUM, EUGENE B**
STREET ADDRESS **2909 N PALAFAX**
CITY-ST-ZIP **PENSACOLA FL 32501**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-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☒ Change ☐ Addition
NAME **EUGENE B ROSENBAUM**
STREET ADDRESS **PO BOX 12388**
CITY-ST-ZIP **PENSACOLA FL 32582**TITLE **VD** ☒ Change ☐ Addition
NAME **THOMAS E EMBREE**
STREET ADDRESS **512 JUPITER WAY**
CITY-ST-ZIP **CASSELBERRY FL 32707**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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-02

Date

813-886-0578

Daytime Phone #

CR2E037 (9/01)