

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90234 001 \*\*\*\*61.25

**DOCUMENT # 703869**

1. Entity Name

**BETHLEHEM GRAND CHAPTER ORDER OF EASTERN STAR OF FLORIDA AND JURISDICTION, P.H.A., INC**

Principal Place of Business

Mailing Address

410 BROAD STREET  
 THIRD FLOOR  
 TALLAHASSEE FL 32202

P.O. BOX 40128  
 JACKSONVILLE FL 32202-0128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7205362**

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

**SMITH, MILDRED A**  
**4232 NW 20TH STREET**  
**GAINESVILLE FL 32605**

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  Delete  
 NAME **PD SMITH, MILDRED A**  
 STREET ADDRESS **4232 NW 20TH STREET**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP *All are the same*

TITLE  Delete  
 NAME **DV CURE, WILLIAMS A**  
 STREET ADDRESS **7308 SYRNA STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DV JOHNSON, THELMA P**  
 STREET ADDRESS **2355 NW 59TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DV HARVEY, LEANDERS**  
 STREET ADDRESS **2408 BANYON DRIVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S SMITH, WILLIE LEE**  
 STREET ADDRESS **1347 W 26TH ST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T POTE, OPAL M**  
 STREET ADDRESS **1331 W 6TH ST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

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: *Mildred A. Smith* **MILDRED A. SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*28 April 02*

Date

*(352) 378-6843*

Daytime Phone #

CR2E037 (9/01)