

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90117 021 \*\*\*\*61.25

**DOCUMENT # 709552**

1. Entity Name

**SCOTTISH RITE TEMPLE ASSOCIATION**

Principal Place of Business

**5500 MEMORIAL HIGHWAY  
TAMPA FL 33634**

Mailing Address

**5500 MEMORIAL HIGHWAY  
TAMPA FL 33634**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **23-7187289**

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 \$61.25**

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

TITLE **P** ☒ Delete  
NAME **CLARK, VERNON T JR**  
STREET ADDRESS **7402 SPARKMAN**  
CITY-ST-ZIP **TAMPA FL 33616**

TITLE **T** ☐ Delete  
NAME **LANIER, ASHLEY T.**  
STREET ADDRESS **509 ROLLINGVIEW PL**  
CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE **S** ☐ Delete  
NAME **KIRKPATRICK, ROBERT G**  
STREET ADDRESS **1846 PENNWOOD CIR W**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☒ Delete  
NAME **KALISZ, RONALD S**  
STREET ADDRESS **406 CHRISTOPHER CT SE**  
CITY-ST-ZIP **WINTER HAVEN FL 33884-1573**

TITLE **D** ☒ Delete  
NAME **VAN TRUMP, RODERICK JR**  
STREET ADDRESS **4616 BAY CREST DR**  
CITY-ST-ZIP **TAMPA FL 33615-4902**

TITLE **D** ☒ Delete  
NAME **BLATE, DAVID A**  
STREET ADDRESS **2300 AVE E NW**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **RONALD L MCMILLAN**  
STREET ADDRESS **PO BOX 17267**  
CITY-ST-ZIP **CLEARWATER FL 33762-0267**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **M. DEAN LOVETT**  
STREET ADDRESS **3730 STATE ROAD 542 E**  
CITY-ST-ZIP **LAKELAND FL 33801-9444**

TITLE **D** ☒ Change ☐ Addition  
NAME **KENNETH R JAMES II**  
STREET ADDRESS **1037 NEW YORK AVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683-3532**

TITLE **D** ☒ Change ☐ Addition  
NAME **CHARLES L PLATT**  
STREET ADDRESS **3210 - 93rd STREET E**  
CITY-ST-ZIP **PALMETTO FL 34221-1603**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date

Daytime Phone #

1-17-02

813-886-0578

CR2E037 (9/01)