

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710956

1. Entity Name

ROYAL PALM MASONIC LODGE #512, INC.

Principal Place of Business

2084 FOUNTAIN STREET  
FT. MYERS FL 33916

Mailing Address

P.O. BOX 74  
LEHIGH ACRES FL 33970-0074

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

23-7379689

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RADCLIFF, CARL  
3314 APACHEE ST  
FT. MYERS FL 33916

7. Name and Address of New Registered Agent

Name

JONATHAN D. JOSEPH SR.

Street Address (P.O. Box Number is Not Acceptable)

3108-6TH ST. WEST

City

LEHIGH ACRES

FL

Zip Code

33971

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

*Jonathan D. Joseph Sr.* JONATHAN D. JOSEPH SR.

4/29/00

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 PD  
NAME JOSEPH, JONATHAN D SR.  
STREET ADDRESS 3108-6TH STREET WEST  
CITY-ST-ZIP LEHIGH ACRES FL 33971 ☐ Delete

TITLE SD  
NAME HARRIS, ROBERT  
STREET ADDRESS 2201 E. 5TH STREET  
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete

TITLE T  
NAME CONDRY, IRA  
STREET ADDRESS 1820 DELAWARE STREET  
CITY-ST-ZIP FT. MYERS FL 33916 ☐ Delete

TITLE T  
NAME JONES, SPIKE A  
STREET ADDRESS 2810 A. THOMAS STREET  
CITY-ST-ZIP FT. MYERS FL 33905 ☐ Delete

TITLE D  
NAME FAUST, BOBBY L  
STREET ADDRESS 6 KINGSMAN CIRCLE  
CITY-ST-ZIP FT. MYERS FL 33905 ☐ Delete

TITLE T  
NAME JONES, EARNEST  
STREET ADDRESS 4224 MICHIGAN AVENUE, APT. 665  
CITY-ST-ZIP FT. MYERS FL 33916 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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STREET ADDRESS  
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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:

*Jonathan D. Joseph Sr.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 Date

941-368-7742 Daytime Phone #

CR2E037 (9/99)