## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## **DOCUMENT # 711883**

1. Entity Name

Principal Place of Business

DELAND SHRINE CLUB HOLDING CORPORATION, INC.



## **FILED** Jul 25, 2003 8:00 am Secretary of State

07-25-2003 90090 012 \*\*\*\*61.25

OBTABOLD

CLARA AVE # 15A PO BOX 222 DELAND FL 32721-7222		CLARA AVE # 15A PO BOX 222 DELAND FL 32721-7222			( 	1901 12001 90189 1411 01014 9		)   <b>1</b> 1011   <b>111</b>
2. Principal Place of Business		3. Mailing Address					ion, 91911 01011 911	IAI BIOTA ICON
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			J 33 0 103000		oplied For ot 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				
PAISH, WILLIAM				Name JANEN DANIEL Street Address (P.O. Box Number is Not Acceptable)				
	32724-2327		206 N			DEVID		
.•			CityDELA			F	Zip Cod 3272	گ
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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE NO CHANGE PRESIDENT DELAN SHRINE HODING GEP. 07-17-93  (NOTE: Registered Agent signature required when reinstating)  DATE								
After September 10, 2003, min will be \$236.25  9. Election Camp Trust Fund Cor				g	\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of S	
10.	OFFICERS AND DIR	RECTORS	11,		ADDITIONS/CHANGES	TO OFFICERS AND I	DIRECTORS IN	
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	ller, dwight	<b>/</b>	NAME	LARSON, LIDYD				
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	LAND FL 32720		CITY-ST-ZIP	OKA	inge city, f	L 32763		~
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THE 1	EIL, SAMUEL	☐ Delete	TITLE NAME	1			Change	☐ Addition
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STREET ADDRESS 206 N. WOODLAND BLVD CITY-ST-ZIP DELAND FL 32720		•	STREET ADDRES	\$ \ <b>20</b> 6	NEN, DANK N. WOODLA LAND, FL	DE PLAN		
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nereby 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 we empowered.

SIGNATURE REQUIRED

67-17-03

386-734-1645