

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714144

1. Entity Name

SANFORD SHRINE BUILDING ASSOCIATION

Principal Place of Business

Mailing Address

104 LEE STREET
SANDORD FL 32771
US

605 RED SAIL LANE
ATLAMONTE SPRINGS FL 32701-5424

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

NOT APPLICABLE

Applied For

Not Applicable

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

SIMMONS, CLAYTON
200 W. FIRST ST.
SANFORD FL 32771

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 PD ☐ Delete
NAME KEETH, ALLAN
STREET ADDRESS 205 CRYSTAL VIEW S
CITY-ST-ZIP SANFORD, FL 00000

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

TITLE SD ☐ Delete
NAME CHRISTENSEN, M.D.
STREET ADDRESS 605 RED SAIL LANE
CITY-ST-ZIP ALTAMONTE SPRGS FL

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

TITLE D ☐ Delete
NAME WHITMIRE, R.C.
STREET ADDRESS 219 W. 18TH ST.
CITY-ST-ZIP SANFORD FL

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

TITLE D ☐ Delete
NAME GILES, ROBERT S
STREET ADDRESS 450 RIVERVIEW AVE
CITY-ST-ZIP SANFORD FL

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

TITLE D ☐ Delete
NAME COWLEY, ERNEST H
STREET ADDRESS 2040 LAKE MARKHAM RD
CITY-ST-ZIP SANFORD FL

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

TITLE D ☐ Delete
NAME CORLEY, JOE T.
STREET ADDRESS 2540 SANFORD AVE.
CITY-ST-ZIP SANFORD FL

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:

Myron D. Christensen

March 24, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)