

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90017 010 ****61.25

DOCUMENT # 735551

1. Entity Name

THE KINGDOM OF THE SUN CHAPTER, INC.

Principal Place of Business

OCALA PUBLIC LIBRARY
 P O BOX 114
 Ocala FL 34478-0114
 US

Mailing Address

P O BOX 114
 Ocala FL 34478-0114
 US

927391



DO NOT WRITE IN THIS SPACE

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

59-1670649

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRAZER, FRED J.
8547 A SW 90TH LANE
OCALA FL 34481

7. Name and Address of New Registered Agent

Name **PULVER, WILLIAM D**
 Street Address (P.O. Box Number is Not Acceptable)
4501 NE 4th STREET
 City **OCALA** FL Zip Code **34470-9400**

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 *William D. Pulver* **WILLIAM D. PULVER, TREASURER** **MAR 2, 2001**
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

TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, JESSE G	
STREET ADDRESS	165 NE 55 AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHARE, LOUIS L.	
STREET ADDRESS	5210 SW 89TH PLACE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLSON, DAVID O.	
STREET ADDRESS	5100 SE 180TH TERRACE	
CITY-ST-ZIP	OKLAWAHA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WERGES, LEROY	
STREET ADDRESS	8043 SW 116TH LOOP	
CITY-ST-ZIP	OCALA FL 34481-0157	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PULVER, WILLIAM D.	
STREET ADDRESS	4501 NE 4TH ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	PFEIFFER, WILLIAM J	
STREET ADDRESS	8832 SW 108TH ST	
CITY-ST-ZIP	OCALA FL 34481-5377	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, WILLIAM R.	
STREET ADDRESS	9390 SW 196th AVENUE ROAD	
CITY-ST-ZIP	DUNNELLON, FL 34432-2769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William D. Pulver* **WILLIAM D. PULVER** **3-2-01** **352-624-0057**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)