2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758842 1. Entity Name KEYSTONE HEIGHTS SHRINE CLUB ASSOCIATION, INC.					Feb 22, 2000 8:00 am Secretary of State				
						02-22-2000 9003			
Principal Plac	e of Business	Mailing Address	g Address						
5593 SE 3RD AVE KEYSTONE HEIGHTS FL 32090 US		PO BOX 152 KEYSTONE HEIGHTS FL 32656-0152 US			UUUGJII				
2. Principal Place of Business		3. Mailing Address				1111) 1111 1111 1 1111 1111 1111 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number Applied For Not Applied For Not Applicat				
Zip Country		Zip Country			5. Certificate		□ \$8.75 Fee Re	5 Additi	 -
	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New Regis			
			Na	Name					
ECKFORD	. EARL G.		Street Address		(P.O. Box Numbe	r is Not Acceptable)			
7841 TWIN LAKES ROAD			<u> </u>						
P.O.BOX 1		City				E Zip	Code		
	IEVA FL 32660 named entity submits this statement for			·			FL Zip		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NC FILE NOW: FEE IS \$61.25 9. Election Campaig Trust Fund Contri			n Financing	\$5.	00 May Be	May Be Make Check Payable to			
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CH/	ANGES TO OFFICERS A	AND DIRECTO	RS IN 1	0 !
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISHOP, THURMAN V 4313-1 STATION FREEWAY KEYSTONE HEIGHTS FL 32656	ON FREEWAY		PRESS			☐ Ch	ange	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHEELER, ROBERT H 120 S CALL ST STARKE FL 32091	☐ Defete	TITLE NAME STREET ADD CITY-ST-ZI)			Ch	ange	☐ Addit
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rey stone Heights, I READ, GLAGAT &. PO BOY 118	Delete	TITLE NAME STREET ADD				☐ Ch	ange	Addi

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 informatic 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| Signature | Signatur

FILED