

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91079 022 \*\*\*\*61.25

**DOCUMENT # 758842**

1. Entity Name

**KEYSTONE HEIGHTS SHRINE CLUB ASSOCIATION, INC.**

Principal Place of Business

5593 SE 3RD AVE  
 KEYSTONE HEIGHTS FL 32090  
 US

Mailing Address

PO BOX 152  
 KEYSTONE HEIGHTS FL 32656  
 US

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

**59-2863380**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

~~ECKFORD, EARL G.~~  
 7841 TWIN LAKES ROAD  
 P.O. BOX 150  
 LAKE GENEVA FL 32660

**GEORGE MASSA**  
 970 S. LAWRENCE BLVD  
 KEYSTONE HTS, FL  
 32656

7. Name and Address of New Registered Agent

Name

**GEORGE MASSA**

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

**970 S. LAWRENCE BLVD**

City

**KEYSTONE HTS**

**FL**

Zip Code

**32656**

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

**GEORGE MASSA**

*George Massa*

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 **PD** ☐ Delete  
 NAME **GREGORY, JASMIN P SR**  
 STREET ADDRESS **1114 MORGAN CIR**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **SD** ☐ Delete  
 NAME **ECKFORD, EARL G**  
 STREET ADDRESS **7841 TWIN LAKES RD**  
 CITY-ST-ZIP **LAKE GENEVA FL**

TITLE **TD** ☐ Delete  
 NAME **WHEELER, ROBERT H**  
 STREET ADDRESS **120 S CALL ST**  
 CITY-ST-ZIP **STARKE FL 32091**

TITLE **D** ☐ Delete  
 NAME **BAKER, DONALD A**  
 STREET ADDRESS **6418 BAKER RD**  
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **D** ☐ Delete  
 NAME **REED, GILBERT A**  
 STREET ADDRESS **PO BOX 118**  
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition  
 NAME **Gary Eckford**  
 STREET ADDRESS **P O Box 443**  
 CITY-ST-ZIP **Lake Geneva, FL 32160**

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

TITLE **Treasurer** ☒ Change ☐ Addition  
 NAME **GEORGE MASSA**  
 STREET ADDRESS **970 S Lawrence Blvd**  
 CITY-ST-ZIP **Keystone Heights, FL 32656**

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

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:

**SIGNATURE REQUIRED**

*May 1, 2001*

CR2E037 (10/00)