

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90156 037 ****70.00

DOCUMENT # 758842

1. Entity Name

KEYSTONE HEIGHTS SHRINE CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5593 SE 3RD AVE
KEYSTONE HEIGHTS FL 32090
US

PO BOX 152
KEYSTONE HEIGHTS FL 32656
US

80130505



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2863380

Applied For

Not 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

MASSA, GEORGE
970 S. LAWRENCE BLVD.
KEYSTONE HEIGHTS FL 32656

Name

Echols, Clifford W.

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

5943 White Sands Rd.

City

Keystone Heights 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 Clifford W. Echols

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Clifford W. Echols

DATE

7-18-02

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	P	<input checked="" type="checkbox"/> Delete
NAME	ECKFORD, GARY	
STREET ADDRESS	PO BOX 443	
CITY-ST-ZIP	LAKE GENEVA FL 32160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ECKFORD, EARL G	
STREET ADDRESS	7841 TWIN LAKES RD	
CITY-ST-ZIP	LAKE GENEVA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MASSA, GEORGE	
STREET ADDRESS	970 S. LAWRENCE BLVD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, DONALD A	
STREET ADDRESS	6418 BAKER RD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, GILBERT A	
STREET ADDRESS	PO BOX 118	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jasmin Sr, Gregory P.	
STREET ADDRESS	1114 Morgan Cir.	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T-Echols, Clifford W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5943 White Sands Rd.	
STREET ADDRESS	Keystone Heights, FL 32656	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Clifford W. Echols

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifford W. Echols 7-18-02

Date

Daytime Phone #

CR2E037 (9/01)