

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90187 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2863380**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ECHOLS, CLIFFORD W
5943 WHITE SANDS RD
KEYSTONE HEIGHTS 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 Boulevard

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JASMIN SR, GREGORY P	
STREET ADDRESS	1114 MORGAN CIR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	SD	<input checked="" 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	ECHOLS, CLIFFORD W	
STREET ADDRESS	5943 WHITE SANDS RD	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, DAVID E.	
STREET ADDRESS	10701 NE HWY 316	
CITY-ST-ZIP	FORT MCCOY, FL 32134	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASMIN, GREGORY P. SR	
STREET ADDRESS	1114 Morgan CIRCLE	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSA, GEORGE	
STREET ADDRESS	970 S. Lawrence BOULEVARD	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DONALD A	
STREET ADDRESS	6418 BAKER ROAD	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, HAROLD	
STREET ADDRESS	8282 169th ROAD	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGLE, ED	
STREET ADDRESS	15240 US 301 SOUTH	
CITY-ST-ZIP	HAWTHORNE, FL 32662	

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:

George Massa **SIGNATURE REQUIRED**

Feb 13, 2003 (352) 473-4179

Daytime Phone #

CR2E037 (10/02)