

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763876

1. Entity Name

SUWANNEE RIVER SHRINE CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

OFF SR 26, FANNING SPRINGS
P O BOX 1257
TRENTON FL 32693

OFF SR 26, FANNING SPRINGS
P O BOX 1257
TRENTON FL 32693-1257

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

59-6153121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASTERS, CLAUDE G
HC 4 BOX 827
CROSS CITY FL 32680

7. Name and Address of New Registered Agent

Name

SAM FERGUSON

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

3349 SW 20th Street

Bell, Florida 32619

City

FL

Zip Code

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete
DP	RODGERS, ROY J	PD BOX 581	TRENTON FL 32693	☒
DVP	JONES, PRESTON J	PO BOX 183	TRENTON FL 32693	☒
DVP	WILHELM, WALLACE J	PO BOX 549	BELL FL 32619	☒
TD	MASTERS, CLAUDE G	HC 4 BOX 827	CROSS CITY FL 32680	☒
DS	CHESTER C. PERRY	17650 NW 71 AVE	TRENTON FL 32693	☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change ☐ Addition
DP	CHESTER C. PERRY	17650 NW 71 AVENUE	TRENTON, FL 32693	☐
DVP	VIRGIL L. SIRMONS	HC 3, BOX 587-7	OLD TOWN, FL 32680	☐
DVP	THOMAS C. TEETS	HC 2, BOX 375	OLD TOWN, FL 32680	☐
TD	SAM FERGUSON	3349 SW 20th Street	BELL, FL 32619	☐
DS	LAUGHN SESSIONS	P.O. BOX 876	TRENTON, FL 32693	☐
				☐

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SAM FERGUSON 03/02/2000 (352) 463-3170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23