

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90053 010 ****61.25

DOCUMENT # **765680**
 1. Entity Name **Pass capital Shrine Club**
116 shrine rd.

Principal **lake como fl. 32157** Mailing Address

2. Principal Place of Business **lake como** 3. Mailing Address **p.o box 241 crescent city**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **FL. 32112** City & State

Zip Country Zip Country

4. FEI Number **59-2201964** Applied For
 Not Applicable

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
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 **Ernest Lord (See)** DATE **2/26/00**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Homer Barron	pres	STREET ADDRESS		
CITY-ST-ZIP	p.o Box 243		CITY-ST-ZIP		
	Pomona park fl 32181				
TITLE	Jessie mc Calvan	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1st v.p		STREET ADDRESS		
CITY-ST-ZIP	rt.3 box 272		CITY-ST-ZIP		
	Crescent City fl.32112				
TITLE	Joel Carter	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2 vp		STREET ADDRESS		
CITY-ST-ZIP	p.o box 1126		CITY-ST-ZIP		
	Welaka fl. 32193				
TITLE	Jewel lyons	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	st.1 box630	trea.	STREET ADDRESS		
CITY-ST-ZIP	Satsuma fl. 32189		CITY-ST-ZIP		
TITLE	Ernest Lord	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	sec.		STREET ADDRESS		
CITY-ST-ZIP	hc4 box 4642		CITY-ST-ZIP		
	Satsuma fl.32189				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Ernest Lord (See)** DATE **2/26/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)