2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 845576** Feb 22, 2000 8:00 am 1. Entity Name Secretary of State THE IMPERIAL COUNCIL OF THE ANCIENT ARABIC ORDER 02-22-2000 90022 047 ****61 Principal Place of Business Mailing Address 2900 ROCKY POINT DRIVE 2900 ROCKY POINT DRIVE **TAMPA FL 33607** TAMPA FL 33607-1435 813754 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2158164 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME BRACEWELL, GENE STREET ADDRESS STREET ADDRESS 840 SELIG DRIVE CITY-ST-ZIP CITY-ST-ZIP atlanta ga Addition Change TITLE Delete TITLE NOBLES, JOHN C NAME NAME SEMB, RALPH.W. STREET ADDRES STREET ADDRESS 5289 WIMBLEDON WAY 66 French King-Highway CITY-ST-7IP CITY-ST-ZIP EL PASO TX 79932 <u>Erving, Massachusetts 01344</u> ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME JONES, JACK H STREET ADDRESS STREET ADDRESS 2900 ROCKY POINT DRIVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Addition ☐ Change TITLE Delete NAME -Semb, ralph w- TURNIPSEED, ROBERT N. STREET ADDRESS STREET ADDRESS 66 FRENCH KING HIGHWAY 2953 North Government Way CITY-ST-ZIP CITY-ST-ZIE ERVING MA 01344 Coeur-d'Alene, Idaho 83815 Addition TITLE n-Delete TITLE Change NAME SMITH, KENNETH W NAME CLAYPOOL, CHARLES A. 345 West 2nd Street, Suite 200 STREET ADDRESS STREET ADDRESS 1115 EYREMOUNT DRIVE CITY-ST-ZIP CITY-ST-7IP WEST VANCOUVER BC V76-2-9 Davton, Ohio 45402 Addition TITLE ☐ Change TITLE Celete NAME NAME CLAYPOOL, CHARLES A M. BURTON DIEN 7832 East Ebola Avenue STREET ADDRESS STREET ADDRESS 3341 BEAUMONDE LANE CITY-ST-ZIP CITY-ST-ZIP DAYTON OH 45409 <u>Mesa. Arizona 85208</u> 12. Thereby certify that the information supplied with this filling 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 a other like empowered.

SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Prone #