

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90003 029 ****61.25

0040114

DOCUMENT # 845576

1. Entity Name

**THE IMPERIAL COUNCIL OF THE ANCIENT ARABIC ORDER
 OF THE NOBLES OF THE MYSTIC SHRINE FOR NORTH AM**

Principal Place of Business

Mailing Address

**2900 ROCKY POINT DRIVE
 TAMPA FL 33607**

**2900 ROCKY POINT DRIVE
 TAMPA FL 33607**

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

36-2158164

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete
 NAME **BRACEWELL, GENE**
 STREET ADDRESS **1015 THIMBELGATE COURT**
 CITY-ST-ZIP **ALPHARETTA GA 30022**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☒ Delete
 NAME **TURNIPSEED, ROBERT N**
 STREET ADDRESS **2953 NORTH GOVERNMENT WAY**
 CITY-ST-ZIP **COEUR D ALENE ID 83815**

TITLE **P** ☒ Change ☐ Addition
 NAME **Kenneth W. Smith**
 STREET ADDRESS **1115 Eyremount Drive**
 CITY-ST-ZIP **West Vancouver, B.C. V7S 2B9**

TITLE **S** ☐ Delete
 NAME **JONES, JACK H**
 STREET ADDRESS **2900 ROCKY POINT DRIVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **SMITH, KENNETH W**
 STREET ADDRESS **1115 EYREMOUNT DRIVE**
 CITY-ST-ZIP **WEST VANCOUVER BC V7-S2B9**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Charles A. Claypool**
 STREET ADDRESS **345 West 2nd Street, Suite 400**
 CITY-ST-ZIP **Dayton, Ohio 45402**

TITLE **D** ☐ Delete
 NAME **FREVEL, RAOUL L SR**
 STREET ADDRESS **4507 HARFORD ROAD**
 CITY-ST-ZIP **BALTIMORE MD 21214**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **OIEN, M B**
 STREET ADDRESS **7832 E EBOLA AVE**
 CITY-ST-ZIP **MESA AZ 85208**

TITLE **D** ☒ Change ☐ Addition
 NAME **Gary W. Dunwoody**
 STREET ADDRESS **P.O. Box 2077**
 CITY-ST-ZIP **North Little Rock, Arkansas 72116**

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

Kenneth W. Smith, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/02

(813)281-0300

Date Daytime Phone #

CR2E037 (9/01)