2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # C10374 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** HALLMARK COUNCIL NO. 3, ROYAL & SELECT MASTERS 03-03-2000 90065 001 ***183.75 Principal Place of Business Mailing Address 1237 S MCDUFF AVE 1237 S MCDUFF AVE JACKSONVILLE FL 32205-8050 JACKSONVILLE FL 32205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For City & State 59-1738719 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HARRINGTON, WENDELL D 1237 S MCDUFF AVE JACKSONVILLE FL 32205 City 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 (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. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE TITLE ☐ Delete NAME NAME FERREL, WILLIAM STREET ADDRESS STREET ADDRESS 4654 LONGBOW RD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32210 X Change ☐ Addition TITLE Delete TITLE FULLWOOD, DANNY 853 DIANE DR HUNTER, HAROLD E JR NAME NAME STREET ADDRESS STREET ADDRESS 934 SHORTRIDGE CT ELNANDINA BCH CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32065 Addition TITLE **▼** Delete TITLE AMOS CARL F RUSS, ALBERT B. NAME NAME 865 BIANE DR STREET ADDRESS STREET ADDRESS 8118 SABAL OAK LANE FERNANDIMA BCH FL 32034 CITY-ST-7IP CITY-ST-ZIP Jacksonville fl Addition ☐ Delete TITLE ☐ Change Johnson, Joseph J NAME STREET ADDRESS STREET ADDRESS 1110 E 13TH ST CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE 🔀 Delete TITLE Change Addition HAMMOND, WALTER M 1237 S. Mc DUFF AVE. REASOR, SAMUEL D NAME STREET ADDRESS STREET ADDRESS 6971 DEAUVILLE RD CITY-ST-ZIP JACKSONVILLE FL 32205-8050 CITY-ST-ZIF JACKSONVILLE FL 32205 TITLE Delete TITLE NAME NAME 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 gr 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date