

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90172 036 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # C10390

1. Entity Name

COEUR DE LION COMMANDRY NO. 1, KNIGHTS TEMPLAR

Principal Place of Business

Mailing Address

**189 W. AIRPORT BLVD
PENSACOLA FL 32503**

**189 W. AIRPORT BLVD
PENSACOLA FL 32503
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7618329

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CALDWELL, DREXEL P
2110 W CYPRESS ST
PENSACOLA FL 32501**

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 **SR** ☐ Delete
NAME **PEREZ, CHARLES**
STREET ADDRESS **7649 N POINTE DR**
CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE **D** ☒ Delete
NAME **HENDRIX, CHARLES A**
STREET ADDRESS **5799 YUCCA DR**
CITY-ST-ZIP **MILTON FL 32583**

TITLE **D** ☐ Change ☒ Addition
NAME **Bush, Edward E**
STREET ADDRESS **7135 Clearwood Road**
CITY-ST-ZIP **Pensacola, FL 32526**

TITLE **T** ☐ Delete
NAME **GILMAN, RICHARD A**
STREET ADDRESS **4168 AQUA VISTA DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE **D** ☒ Delete
NAME **BRYANT, JOHN R JR**
STREET ADDRESS **3251 HWY 97 SOUTH**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **D** ☐ Change ☒ Addition
NAME **Jacobs, William R.**
STREET ADDRESS **4057 Sheridan Drive**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **D** ☒ Delete
NAME **LAROSE, ARTHUR J**
STREET ADDRESS **2646 SHERRILANE DRIVE**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **D** ☐ Change ☒ Addition
NAME **Bush, Timothy B**
STREET ADDRESS **6802 Rickwood Drive**
CITY-ST-ZIP **Pensacola, FL 32526**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

Charles Perez Secretary/Recorder

SIGNATURE: *Charles Perez* **NOTICE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 969 9016

CR2E037 (9/01)