

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10395

1. Entity Name

HIRAM COUNCIL NO. 13 ROYAL AND SELECT MASONS

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90061 011 \*\*\*\*61.25

Principal Place of Business

COCOA YORK RITE BODIES  
40 CARMALT ST  
COCOA FL 32922  
US

Mailing Address

COCOA YORK RITE BODIES  
PO BOX 1061  
CAPE CANAVERAL FL 32920-1061  
US

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

23-7583213

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

DREIER, WILLIAM C  
4920 KEY LARGO DRIVE  
TITUSVILLE FL 32952

ERROR  
32780

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

SAME

City

Same

FL

Zip Code

32780

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	D	<input type="checkbox"/> Delete
NAME	SHAFFER, BARRY R	
STREET ADDRESS	390 NEWFOUND HARBOR DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	JAMES, GEORGE H	
STREET ADDRESS	988 SARAZAN DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DREIER, WILLIAM C	
STREET ADDRESS	4920 KEY LARGO DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFE, RICHARD A	
STREET ADDRESS	1600 SAND PIPER DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*Signature of William C Dreier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)