

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10397

1. Entity Name

INDIAN RIVER CHAPTER NO. 27 ROYAL ARCH MASONS

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

02-24-2000 90061 026 ****61.25

Principal Place of Business

Mailing Address

COCOA YORK RITE BODIES
40 CARMALT ST
COCOA FL 32922
US

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

4. FEI Number

23-7591081

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

DREIER, WILLIAM C
4920 KEY LARGO DR
TITUSVILLE FL 32780

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 ☐ Delete
NAME D
STREET ADDRESS JAMES, GEORGE H.
CITY-ST-ZIP 988 SARAZAN DR.
ROCKLEDGE FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WOLFE, RICHARD A
CITY-ST-ZIP 1600 SANDPIPER DR
MERRITT ISLAND FL 32952

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

TITLE ☐ Delete
NAME D
STREET ADDRESS POOLE, WALTER R
CITY-ST-ZIP 200-5 SPRING DR
MERRITT ISLAND FL 32953

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

TITLE ☐ Delete
NAME M
STREET ADDRESS SHAFFER, BARRY R
CITY-ST-ZIP 390 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. DREIER

Date

Daytime Phone #

CR2E037 (9/99)