

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10403

1. Entity Name

LAKELAND COMMANDERY NO. 21, KNIGHT TEMPLARS

Principal Place of Business

1106 E. MAIN STREET
LAKELAND FL 33801

Mailing Address

% NEAL E. PERFECT
141 SHADOW LN
LAKELAND FL 33813-3594
US

2. Principal Place of Business

3. Mailing Address

141 SHADOW LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKELAND, FL.

4. FEI Number

59-1811052

Applied For

Not Applicable

Zip

Country

Zip

33813-3594

Country

US

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

YOUNG, DUANE B
141 SHADOW LN
LAKELAND FL 33813

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 NAME STREET ADDRESS CITY-ST-ZIP	D SHOEMAKER, JACK E 803 WATER OAK DRIVE WINTER HAVEN FL 3880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAUGH, JOHN H. 4710 VALLEY HILL COURT LAKELAND, FL. 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, DUANE B. 141 SHADOW LANE LAKELAND FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YOUNG, DUANE B. 141 SHADOW LANE, LAKELAND, FL. 33813-3594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAPPS, CHARLES A. 1910 ELM ROAD LAKELAND FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WYLLIE, WILLIAM F 1204 CLEVELAND HEIGHTS BLVD LAKELAND FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HISTED, ROBERT B SR 925 LK HOLLINGSWORTH DR LAKELAND FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HISTED, ROBERT B. SR. 925 LK HOLLINGSWORTH DR. LAKELAND, FL. 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Duane B. Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUANE B. YOUNG

MARCH 14, 2000

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90057 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2FN37 (9/99)