

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10415

1. Entity Name

ORLANDO COUNCIL NO. 5, ROYAL AND SELECT MASTERS

Principal Place of Business

3813 WYLDEWOOD LANE
ORLANDO FL 32806-7422

Mailing Address

3813 WYLDEWOOD LANE
ORLANDO FL 32806-7422

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

59-1809187

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

FLETCHER, JOHN B JR
3813 WYLDEWOOD LANE
ORLANDO FL 32806-7422

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 FOX, RICHARD I
CITY-ST-ZIP 525 S ALDER AVE
ORLANDO FL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP 32807-4872

TITLE ☐ Delete
NAME D
STREET ADDRESS ALBRIGHT, KEITH W
CITY-ST-ZIP 6650 POMPEII RD
ORLANDO FL 32822

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP 32822-3958

TITLE ☒ Delete
NAME D
STREET ADDRESS MCBRIDE, WILLIS T
CITY-ST-ZIP 2405 BANCHORY RD
WINTER PARK FL 32792

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS WARREN, CHARLES W.
CITY-ST-ZIP 664 WREN DR.
CASSELBERRY, FL 32707-4817

TITLE ☐ Delete
NAME T
STREET ADDRESS CARR, RICHARD J
CITY-ST-ZIP 210 S EMBERY ST
CASSELBERRY FL 32707

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP 32707-3314

TITLE ☐ Delete
NAME D
STREET ADDRESS FLETCHER, JOHN B
CITY-ST-ZIP 3813 WYLDEWOOD LN
ORLANDO FL

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS
CITY-ST-ZIP ZIP 32806-7422

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 members.

SIGNATURE: JOHN B. FLETCHER JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 11, 2001

407-851-8456

Date

Daytime Phone #

CR2E037 (10/00)