

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10416

1. Entity Name

WINTER HAVEN COMMANDERY NO. 37, KNIGHTS TEMPLAR

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90113 016 \*\*\*\*61.25

Principal Place of Business

MASONIC TEMPLE  
375 AVE A SE  
WINTER HAVEN FL 33880  
US

Mailing Address

163 BONNIE DR  
AUBURNDALE FL 33823-2720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1896589

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

KRAMER, ARNOLD R  
163 BONNIE DR  
AUBURNDALE FL 33823-2720

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	D	<input checked="" type="checkbox"/> Delete
NAME	PINER, STEPHEN	
STREET ADDRESS	51 STRAPMORE DR	
CITY-ST-ZIP	HAINES CITY FL 33844-6208	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRAULT, ROBERT	
STREET ADDRESS	116 14TH ST S.	
CITY-ST-ZIP	SEBRING FL 33879-9644	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROLLINS III, B. HOLLOWAY	
STREET ADDRESS	126 LAKE SEARS DRIVE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880-1227	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICKELS, JACK P	
STREET ADDRESS	617 WEXFORD CT	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRUBAKER, GILROY F	
STREET ADDRESS	220 ED PADGET RD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAMER, ARNOLD R	
STREET ADDRESS	163 BONNIE DR	
CITY-ST-ZIP	AUBURNDALE FL 33823-2720	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN D. PINER	
STREET ADDRESS	P.O. BOX 1089	
CITY-ST-ZIP	LAKE ALFRED, FL. 33850-1089	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD U. BUTLER	
STREET ADDRESS	3737 US HWY 27 N LOT B-14	
CITY-ST-ZIP	HAINES CITY, FL. 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: ARNOLD R. KRAMER 4/12/00 863-962-8953  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)