

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90016 030 \*\*\*\*61.25

**DOCUMENT # C10421**

1. Entity Name

**PALATKA COUNCIL NO. 18, ROYAL AND SELECT MASTERS**

Principal Place of Business

Mailing Address

1334 CRILL AVE.  
 PALATKA FL 32177

P.O. BOX 2294  
 PALATKA FL 32178-2294  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1830758**

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCK, WILLIAM L JR**  
**1307 SOUTH 14TH STREET**  
**PALATKA FL 32177**

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:**  
**FEI 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	STEPHENSON, THOMAS E
STREET ADDRESS	263 E RIVER RD
CITY-ST-ZIP	EAST PALATKA FL 32131
TITLE	D <input type="checkbox"/> Delete
NAME	HAWKINS, WILLIS J
STREET ADDRESS	HC 1 BOX 479 H
CITY-ST-ZIP	SATSUMA FL 32189
TITLE	D <input type="checkbox"/> Delete
NAME	LOWERY, KENNETH
STREET ADDRESS	3212 ELLEN CT
CITY-ST-ZIP	MIDDLEBURG FL 32068
TITLE	T <input type="checkbox"/> Delete
NAME	DARDEN, WILLIAM E JR
STREET ADDRESS	1120 WESTOVER DRIVE
CITY-ST-ZIP	PALATKA FL 32177
TITLE	R <input type="checkbox"/> Delete
NAME	BUCK, WILLIAM L
STREET ADDRESS	1307 SOUTH 14TH STREET
CITY-ST-ZIP	PALATKA FL 32177
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Gary L. Jenkins, Jr.
STREET ADDRESS	P.O. Box 23
CITY-ST-ZIP	Palatka, FL 32178-0023
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *William L. Buck, Jr.* **WILLIAM L. BUCK, JR.** 02/07/00 904-328-221