2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State **DOCUMENT # C10428** 1. Entity Name MOUNT HOREB CHAPTER NO. 6, ROYAL ARCH MASONS 03-21-2000 90025 014 ****61.25 Principal Place of Business Mailing Address P.O. BOX 1813 1090 SENIC HIGHWAY PENSACOLA FL 32598-1813 PENSACOLA FL 32501 C0041037 2. Principal Place of Business 3. Mailing Address 189 W. Airport Blvd. 189 W. Airport Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-7591064 Not Applicable Pensacola, Florida Pensacola, Florida Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32505 Escambia 32505 Escambia Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CALDWELL, DREXEL P 2110 W CYPRESS ST PENSACOLA FL 32501 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **Addition** TITLE ☐ Change TIT) F D. ☐ Delete NAME NAME PEREZ, CHARLES SMITH, GREGORY D. STREET ADDRESS STREET ADDRESS 7649 NORTH POINTE DR 9590 PINECONE DRIVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 CANTONMENT, FL 32533 ☐ Addition TITLE Delete TITLE GILMAN, RICHARD A. **X**Change Т NAME GARRETT, MARVIN P NAME 4168 AQUA VISTA DRIVE STREET ADDRESS STREET ADDRESS 3471 EDINBURGH DRIVE PENSACOLA, FL 32504 CITY-ST-ZIP CITY-ST-ZIP PACE FL 32571 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CALWELL, DREXEL P NAME STREET ADDRESS 2110 W CYPRESS ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE TITLE **Change** Addition X Delete NAME HENDRIX, CHARLES A. NAME SILER, ARNOLD J., SR. STREET ADDRESS STREET ADDRESS **5799 YUCCA DRIVE** 8404 WILLIAMSBURG CIRCLE CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32583 PENSACOLA, FL 32514-6865 ☐ De'ete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

MARCH 13.

2000

Daytime Phone #

changed, or on an attachment with an address

SIGNATURE: