

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # C10428**

1. Entity Name

**MOUNT HOREB CHAPTER NO. 6, ROYAL ARCH MASONS**

Principal Place of Business

**189 W. AIRPORT BLVD  
PENSACOLA FL 32505**

Mailing Address

**189 W. AIRPORT BLVD  
PENSACOLA FL 32505  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**23-7591064**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CALDWELL, DREXEL P  
2110 W CYPRESS ST  
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>PEREZ, CHARLES</b>       |                                            |
| STREET ADDRESS | <b>7649 NORTH POINTE DR</b> |                                            |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32514</b>   |                                            |

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>T</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>GILMAN, RICHARD A</b>     |                                 |
| STREET ADDRESS | <b>4168 AQUA VISTA DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32504</b>    |                                 |

|                |                          |                                            |
|----------------|--------------------------|--------------------------------------------|
| TITLE          | <b>S</b>                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CALWELL, DREXEL P</b> |                                            |
| STREET ADDRESS | <b>2110 W CYPRESS ST</b> |                                            |
| CITY-ST-ZIP    | <b>PENSACOLA FL</b>      |                                            |

|                |                            |                                            |
|----------------|----------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>KEBORT, LEO R</b>       |                                            |
| STREET ADDRESS | <b>1533 VALENCIA DRIVE</b> |                                            |
| CITY-ST-ZIP    | <b>LILLIAN AL 36549</b>    |                                            |

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>D</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>HENDRIX, CHARLES A</b> |                                 |
| STREET ADDRESS | <b>5977 YUCCA DRIVE</b>   |                                 |
| CITY-ST-ZIP    | <b>MILTON FL 32583</b>    |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |                                                                              |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>S</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Perez, Charles</b>         |                                                                              |
| STREET ADDRESS | <b>7649 Northpointe Drive</b> |                                                                              |
| CITY-ST-ZIP    | <b>Pensacola, FL 32514</b>    |                                                                              |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |                            |                                                                              |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Duncan, Fred M</b>      |                                                                              |
| STREET ADDRESS | <b>780 Ash Drive</b>       |                                                                              |
| CITY-ST-ZIP    | <b>Pensacola, FL 32503</b> |                                                                              |

|                |                            |                                                                              |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Jacobs, William R.</b>  |                                                                              |
| STREET ADDRESS | <b>4057 Sheridan Drive</b> |                                                                              |
| CITY-ST-ZIP    | <b>Pace, FL 32571</b>      |                                                                              |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| 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.

Charles Perez, Secretary

SIGNATURE:

**SIGNATURE REQUIRED**

4-11-02

960 969 9016

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90172 034 \*\*\*\*61.25

800 773 000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)