

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10432

1. Entity Name

LAKELAND CHAPTER NO. 29 ROYAL ARCH MASONS

Principal Place of Business

1106 E MAIN ST
LAKELAND FL

Mailing Address

141 SHADOW LN
LAKELAND FL 33813-3594
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7591083

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

YOUNG, DUANE B
141 SHADOW LN
LAKELAND FL 33813

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 DT
NAME CAPPS, CHARLES A.
STREET ADDRESS 1910 ELM ROAD
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME YOUNG, DUANE B
STREET ADDRESS 141 SHADOW LN
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE DS
NAME YOUNG, DUANE B.
STREET ADDRESS 141 SHADOW LANE,
CITY-ST-ZIP LAKELAND, FL. 33813-3594 ☒ Change ☐ Addition

TITLE D
NAME LANIER, CHARLES R SR
STREET ADDRESS 717 GRIFFIN RD
CITY-ST-ZIP LAKELAND FL 33805 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS
NAME HISTED, ROBERT B SR
STREET ADDRESS 925 LK HOLLINGSWORTH DR
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE DV
NAME HISTED, ROBERT B. SR.
STREET ADDRESS 925 LK HOLLINGSWORTH DR.
CITY-ST-ZIP LAKELAND, FL. 33803 ☒ Change ☐ Addition

TITLE DP
NAME PAUGH, JOHN H
STREET ADDRESS 4710 VALLEY HILL CT
CITY-ST-ZIP LKLN FL 33813 ☐ Delete

TITLE
NAME JOHN H. PAUGH
STREET ADDRESS 4710 VALLEY HILL COURT
CITY-ST-ZIP LAKELAND, FL. 33813 ☒ Change ☐ Addition

TITLE D
NAME MAKAL, NEIL C
STREET ADDRESS 609 HOLT CIR
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

TITLE DP
NAME MALLON, JACK W.
STREET ADDRESS 4900 WHITEOAK DR.W.
CITY-ST-ZIP LAKELAND, FL. 33813 ☒ Change ☐ Addition

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:

DUANE B. YOUNG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUANE B. YOUNG

MARCH 14, 2000

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90057 019 ****61.25



DO NOT WRITE IN THIS SPACE