

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10434

1. Entity Name

VENICE COUNCIL NO. 41 ROYAL AND SELECT MASTERS

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90032 014 ****61.25

Principal Place of Business

Mailing Address

VENICE MASONIC TEMPLE
118 EAST VENICE AVE.
VENICE, FL 34285

708 TAMiami TRAIL SOUTH
SUITE 201
VENICE FL 34285-3615
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2186871

Applied For

Not Applicable

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

RYDER, MALCOM B.
708 TAMiami TRAIL SOUTH
SUITE 201
VENICE FL 34285

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 **TD** ☒ Delete
NAME **CRAIG, SR. R**
STREET ADDRESS **PO BOX 683 N/A**
CITY-ST-ZIP **LAUREL FL**

TITLE **VD** ☐ Change ☐ Addition
NAME **Jason C Pfotenbauer**
STREET ADDRESS **22651 Fuller Rd**
CITY-ST-ZIP **Bradenton Fl 34202-1917**

TITLE **VD** ☐ Delete
NAME **WADE, MALCOLM E**
STREET ADDRESS **3923 COUNTRY VIEW LANE**
CITY-ST-ZIP **SARASOTA FL 34233-4135**

TITLE **PD** ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **HUTTON, CHARLES T**
STREET ADDRESS **3630 BONAVENTURE CT**
CITY-ST-ZIP **SARASOTA FL 34243-4801**

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **RYDER, MALCOLM B**
STREET ADDRESS **708 TAMiami TR., S. #201**
CITY-ST-ZIP **VENICE FL**

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

TITLE **VD** ☐ Delete
NAME **MARCHETTI, LOUIS E**
STREET ADDRESS **9397 MIDNIGHT PASS RD**
CITY-ST-ZIP **SARASOTA FL 34242-2949**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

Malcolm B Ryder

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

941-484-0311

Daytime Phone #

CR2E037 (9/99)