

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90043 027 ****61.25

DOCUMENT # C10434

1. Entity Name

VENICE COUNCIL NO. 41 ROYAL AND SELECT MASTERS

Principal Place of Business

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

Mailing Address

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	PD	<input type="checkbox"/> Delete
NAME	YARBROUGH, STEPHEN A	
STREET ADDRESS	4542 LINWOOD ST	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUTTON, CHARLES T	
STREET ADDRESS	3630 BONAVENTURE CT	
CITY-ST-ZIP	SARASOTA FL 34243-4801	
TITLE	S	<input type="checkbox"/> Delete
NAME	RYDER, MALCOLM B	
STREET ADDRESS	708 TAMiami TR., S. #201	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARCHETTI, LOUIS E	
STREET ADDRESS	9397 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242-2949	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PFOTENHAUER, JASON C	
STREET ADDRESS	22651 FULLER RD	
CITY-ST-ZIP	BRADENTON FL 34202-1917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William L Burris	
STREET ADDRESS	2290 Waldemere St	
CITY-ST-ZIP	Sarasota FL 34239	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald E Goacher	
STREET ADDRESS	3959 Torrey Pines Blv	
CITY-ST-ZIP	Sarasota FL 34238-2834	
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.

SIGNATURE: Malcolm B. Ryder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02 941-484-0311

Date

Daytime Phone #

CR2E037 (9/01)