

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10437

1. Entity Name

WINTER HAVEN CHAPTER NO. 41 ROYAL ARCH MASONS

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90114 008 ****61.25

Principal Place of Business

Mailing Address

MASONIC TEMPLE
375 AVENUE A S.E.
WINTER HAVEN FL 33880
US

163 BONNIE DRIVE
AUBURNDALE FL 33823-2720
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

23-7591093

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

KRAMER, ARNOLD R
163 BONNIE DR
AUBURNDALE FL 33823-2720

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 **D** ☒ Delete
NAME **PINER, STEPHEN D**
STREET ADDRESS **51 STRAPMORE DRIVE**
CITY-ST-ZIP **HAINES CITY FL 33844-6208**

TITLE **D** ☐ Change ☒ Addition
NAME **ARNOLD R. KRAMER**
STREET ADDRESS **163 BONNIE DR**
CITY-ST-ZIP **AUBURNDALE, FL 33823-2720**

TITLE **D** ☐ Delete
NAME **HERRAULT, ROBERT**
STREET ADDRESS **116 14TH ST**
CITY-ST-ZIP **SEBRING FL 33879**

TITLE **S** ☒ Change ☐ Addition
NAME **STEPHEN D. PINER**
STREET ADDRESS **P.O. BOX 1089**
CITY-ST-ZIP **LAKE ALFRED, FL 33850-1089**

TITLE **T** ☐ Delete
NAME **BUTLER, DONALD J JR**
STREET ADDRESS **3737 US HWY 27 N B14**
CITY-ST-ZIP **HAINES CITY FL**

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

TITLE **D** ☐ Delete
NAME **ROLLINS, B. HOLLOWAY III**
STREET ADDRESS **126 LAKE SEARS DR SW**
CITY-ST-ZIP **WINTER HAVEN FL 33880-1227**

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

TITLE **S** ☒ Delete
NAME **WHITCHARD, LARRY**
STREET ADDRESS **860 SADDLE OAKS DRIVE SW**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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.

SIGNATURE: ARNOLD R. KRAMER 4/7/00 865-967-8953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)