2000 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2000 8:00 am Secretary of State **DOCUMENT # C10439** 1. Entity Name ST. JOHNS COUNCIL NO. 37, ROYAL AND SELECT MASTE 02-20-2000 90031 024 ****61.25 Mailing Address Principal Place of Business DeLAND YORK RITE BOD P.O. BOX 1206 PO. BOX 681 2557 SPRING GARDEN AVE. DELAND FL 32721-1285 DELAND FL 32720 DeLAND, FL 3272 -0681 NUVIVI TO 1 TO 1 3. Mailing Address 2. Principal Place of Business 0. Box Sùite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-3034094 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 2721-0681 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FRITCH, RONALD J 1420 E EUCLID AVE DELAND FL 32724 City Zip Code FL 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Delete ☐ Addition TITLE NAME FRITCH, RONALD J. NAME STREET ADDRESS STREET ADDRESS 1420 E. EUCLID CITY-ST-ZIP CITY-ST-ZIP **DELAND FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE VAN NESS, PETE NAME NAME STREET ADDRESS STREET ADDRESS 229 S BLUE LAKE AVENUE CITY-ST-ZIP CITY-ST-ZIP **DELAND FL** ☐ Delete ☐ Change ☐ Addition TITLE TITLE SCHUETZ, FREDERICK W. NAME NAME STREET ADDRESS STREET ADDRESS 1418 DOUGLAS AVENUE CITY-ST-ZIP CITY-ST-ZIP DELAND FL Change Addition | ☐ Delete TITI F TITLE NAME MULLER, JOHN W NAME STREET ADDRESS 708C E MINNESOTA AVE STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP DELAND FL 32724 ☐ Addition Change TITLE TITLE ☐ Delete NAME BREYER, WALTER NAME STREET ADDRESS STREET ADDRESS 1460 TOLSON RD CITY-ST-ZIP CITY-ST-7/F DELAND FL 32720 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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SIGNATURE: BOOK NOT FRITTEN NAME OF SIGNING OFFICER OR DIRECTOR DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF DATE DATE OF DATE PROPER PROPER PROPERTY OF DATE OF DATE

changed, or on an attachment with an address, with all other like empowe

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