

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10453

1. Entity Name

DADE CITY CHAPTER NO. 8, ROYAL ARCH MASONS

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90156 016 ****61.25

Principal Place of Business

Mailing Address

13642 21 STREET
DADE CITY FL 33525
US

PO BOX 2185
BUSHNELL FL 33513-2185
US

2. Principal Place of Business

S 2me

3. Mailing Address

40500 messick Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dade city, Fla.

4. FEI Number

59-2627476

Applied For

Not Applicable

Zip

Country

Zip

Country

33525

USA

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

SCHARCH, CHARLES B.
PO BOX 2185
CR 674 #8055
BUSHNELL FL 33513

Name

Tommy V. Jordan Jr.

Street Address (P.O. Box Number is Not Acceptable)

40500 messick Rd

City

Dade city,

FL

Zip Code

33525

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

Tommy V. Jordan Jr.

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 DIECKOBER, STEVE
STREET ADDRESS 37323 LONG AVE
CITY-ST-ZIP DADE CITY FL 33525

TITLE H.P. ☒ Change ☐ Addition
NAME DAVID R. THOMPSON
STREET ADDRESS 8653 CR 624A
CITY-ST-ZIP BUSHNELL, FL 33513

TITLE D ☒ Delete
NAME KING, LOUIE ALLEN
STREET ADDRESS P.O. BOX 8 N/A
CITY-ST-ZIP TRILBY FL

TITLE KING ☒ Change ☐ Addition
NAME MIGUEL A. ARAYA
STREET ADDRESS 14230 18TH ST APT. 2
CITY-ST-ZIP DADE CITY, FL 33523

TITLE D ☒ Delete
NAME SCHILLING, FRED CHARLES
STREET ADDRESS 37415 DUKE LANE
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE SCRIBE ☒ Change ☐ Addition
NAME Thomas A. Collins
STREET ADDRESS 850 Moonlight Ln.
CITY-ST-ZIP Brooksville, FL 34601

TITLE D ☐ Delete
NAME JORDAN, TOMMY V JR.
STREET ADDRESS 40500 MESICK RD
CITY-ST-ZIP DADE CITY FL 33525

TITLE JORDAN, TOMMY V. JR. ☐ Change ☐ Addition
NAME JORDAN, TOMMY V. JR.
STREET ADDRESS 40500 MESICK RD.
CITY-ST-ZIP DADE CITY, FL 33525

TITLE SD ☒ Delete
NAME SCHARCH, CHARLES B.
STREET ADDRESS PO BOX 2185 N/A
CITY-ST-ZIP BUSHNELL FL

TITLE SD ☒ Change ☐ Addition
NAME ROBINSON GEORGE JR.
STREET ADDRESS 11518 TUSCANY AVE.
CITY-ST-ZIP SPRING HILL, FL 34608

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00 352-567-6343

Date

Daytime Phone #

CR2E037 (9/99)