

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # C10453**

1. Entity Name

DADE CITY CHAPTER NO. 8, ROYAL ARCH MASONS

Principal Place of Business

**13642 21 STREET
DADE CITY FL 33525
US**

Mailing Address

**40500 MESSICK RD
DADE CITY FL 33525
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**JORDAN, TOMMY V JR.
40500 MESSICK RD
DADE CITY FL 33525**

4. FEI Number

59-2627476

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

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

TITLE	HP	<input type="checkbox"/> Delete
NAME	THOMPSON, DAVID R	
STREET ADDRESS	8653 CR 624A	
CITY-ST-ZIP	BUSHNELL FL 33513	

TITLE	K	<input type="checkbox"/> Delete
NAME	ARDYA, HIGUEL D	
STREET ADDRESS	14230 101 ST APT 2	
CITY-ST-ZIP	DADE CITY FL 33523	

TITLE	S	<input type="checkbox"/> Delete
NAME	COLLINS, THOMAS A	
STREET ADDRESS	850 MOONLIGHT LN	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, TOMMY V JR.	
STREET ADDRESS	40500 MESICK RD	
CITY-ST-ZIP	DADE CITY FL 33525	

TITLE	SD	<input type="checkbox"/> Delete
NAME	GEORGE, ROBINSON JR.	
STREET ADDRESS	11518 TUSCANNY AVE	
CITY-ST-ZIP	SPRINGHILL FL 34698	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90038 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)