

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

0082384

**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

**P.O. BOX 134  
DADE CITY FL 33526  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2627476**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**EDGERTON, RON  
12301 SCOTT DR  
DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name

**John C. Bates Jr**

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

**21950 Squirrel Prairie Rd**

City

**Brooksville**

FL

Zip Code

**34610**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John C Bates Jr*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/10/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                          |                                            |
|----------------|--------------------------|--------------------------------------------|
| TITLE          | HP                       | <input checked="" type="checkbox"/> Delete |
| NAME           | MIGUEL, ARAAYA           |                                            |
| STREET ADDRESS | 14230 15TH ST APT 2      |                                            |
| CITY-ST-ZIP    | DADE CITY FL 33523       |                                            |
| TITLE          | K                        | <input checked="" type="checkbox"/> Delete |
| NAME           | COLLINS, TOM             |                                            |
| STREET ADDRESS | 850 MOONLIGHT LANE       |                                            |
| CITY-ST-ZIP    | BROOKVILLE FL 34601-3014 |                                            |
| TITLE          | S                        | <input checked="" type="checkbox"/> Delete |
| NAME           | BAYES, JOHN              |                                            |
| STREET ADDRESS | 21950 SQUIRREL PAIRIE RD |                                            |
| CITY-ST-ZIP    | BROOKVILLE FL 34610      |                                            |
| TITLE          | SRD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | ROBINSON, GEORGE JR      |                                            |
| STREET ADDRESS | 11518 TUSCANNY AVE       |                                            |
| CITY-ST-ZIP    | SPRINGHILL FL 34698      |                                            |
| TITLE          | R                        | <input checked="" type="checkbox"/> Delete |
| NAME           | EDGERTON, RON            |                                            |
| STREET ADDRESS | 12301 SCOTT DR           |                                            |
| CITY-ST-ZIP    | DADE CITY FL 33525       |                                            |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |                                            |
| STREET ADDRESS |                          |                                            |
| CITY-ST-ZIP    |                          |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          | HP                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | George Robinson           |                                                                              |
| STREET ADDRESS | 11518 TUSCANNY AVE        |                                                                              |
| CITY-ST-ZIP    | Spring Hill FL 34608      |                                                                              |
| TITLE          | R                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | James Burnsed             |                                                                              |
| STREET ADDRESS | 38020 Coleman Ave         |                                                                              |
| CITY-ST-ZIP    | Dade City FL 33531        |                                                                              |
| TITLE          | S                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Miguel Araya              |                                                                              |
| STREET ADDRESS | 14230 15th Street Apt. 2  |                                                                              |
| CITY-ST-ZIP    | Dade City FL 33523        |                                                                              |
| TITLE          | T                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Louie King                |                                                                              |
| STREET ADDRESS | P.O. Box 8                |                                                                              |
| CITY-ST-ZIP    | Trilby FL 33593           |                                                                              |
| TITLE          | S                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | John Bates                |                                                                              |
| STREET ADDRESS | 21950 Squirrel Prairie Rd |                                                                              |
| CITY-ST-ZIP    | Brooksville FL 34610      |                                                                              |
| 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:

*John Bates*

**5/10/03**

**352 796 5041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)