

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10454

1. Entity Name

DADE CITY COUNCIL NO. 40, ROYAL AND SELECT MASTE

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90074 026 ****61.25

Principal Place of Business

Mailing Address

13642 21ST ST
DADE CITY FL 33525
US

P.O. BOX 2185
BUSHNELL FL 33513-2185
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

59-2627504

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

SCHARCH, CHARLES B
P O 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	<input checked="" type="checkbox"/> Delete
NAME	KING, LOUIE	
STREET ADDRESS	PO BOX 8 N/A	
CITY-ST-ZIP	TRILBY FL 33593	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIECKOBER, STEVE	
STREET ADDRESS	37323 LONG AVE.	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BATES, JOHN C.	
STREET ADDRESS	21950 SQUIREL PRAIRIE RD.	
CITY-ST-ZIP	BROOKSVILLE FL 34610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHILLING, FRED C.	
STREET ADDRESS	37415 DUKE LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	S/R	<input checked="" type="checkbox"/> Delete
NAME	SCHARCH, CHARLES B	
STREET ADDRESS	P O BOX 2185 CR 674 #8055	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	I H.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON EDGERTON	
STREET ADDRESS	P.O. BOX 1995	
CITY-ST-ZIP	DADE CITY FL 33526	
TITLE	DM.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID R. THOMPSON	
STREET ADDRESS	8653 CR 624A	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE	PCW	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGUEL A. ARAJO	
STREET ADDRESS	14230 15TH ST Apt 2	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	Jordan Tommy V. JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	40500 MESSICK RD	
STREET ADDRESS	Dade City FL 33525	
CITY-ST-ZIP		
TITLE	S/R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George W. ROBINSON	
STREET ADDRESS	11578 TUSCANY AVE.	
CITY-ST-ZIP	SPRING HILL, FL 34608	
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

5-1-00

352-567-6343

Date

Daytime Phone #

CR2E037 (9/99)