

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90041 014 ****61.25

DOCUMENT # C10454

1. Entity Name

**DADE CITY COUNCIL NO. 40, ROYAL AND SELECT MASTE
RS**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

12301 SCOTT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DADE CITY FL

4. FEI Number

59-2627504

Applied For

Not Applicable

Zip

Country

Zip

Country

33525 PASCO

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

**JORDAN, TOMMY V
40500 MESSICK ROAD
DADE CITY FL 33525**

Name

RON EDGERTON

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

12301 SCOTT DR

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

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 ☒ Delete
NAME **D**
STREET ADDRESS **KING, LOUIE**
CITY-ST-ZIP **PO BOX 8 N/A**
TRILBY FL 33593

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **KING LOUIE**
CITY-ST-ZIP **P.O. BOX 8 N/A**
TRILBY FL 33593

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BATES, JOHN C.**
CITY-ST-ZIP **21950 SQUIREL PRAIRIE RD.**
BROOKSVILLE FL 34610

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **BATES, JOHN C.**
CITY-ST-ZIP **21950 SQUIREL PRAIRIE RD.**
BROOKSVILLE FL 34610

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **SCHILLING, FRED C.**
CITY-ST-ZIP **37415 DUKE LANE**
ZEPHYRHILLS FL 33541

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **GEORGE ROBINSON**
CITY-ST-ZIP **11518 TUSCANY AVE**
SPRINGHILL FL 34608

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

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **RON EDGERTON**
CITY-ST-ZIP **12301 SCOTT DR**
DADE CITY FL 33525

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

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **JORDAN, TOMMY V**
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DADE CITY FL 33525

TITLE ☐ Delete
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DADE CITY FL 33525

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP **40500 MESSICK RD.**
DADE CITY FL 33525

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 #

RON EDGERTON **APRIL 4-2002** **352-567-1295**

CR2E037 (9/01)