

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

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

05-14-2003 90136 040 ****61.25

DOCUMENT # C10454

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**12301 SCOTT DRIVE
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



☐ CHECK HERE IF MAKING CHANGES

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

**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)

5/10/03

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
Florida 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 | BATES, JOHN C. | |
| STREET ADDRESS | 21950 SQUIREL PRAIRIE RD. | |
| CITY-ST-ZIP | BROOKSVILLE FL 34610 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ROBINSON, GEORGE | |
| STREET ADDRESS | 11518 TUSLANNY AVE | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JORDAN, TOMMY V | |
| STREET ADDRESS | 40500 MESSICK RD. | |
| CITY-ST-ZIP | DADE CITY FL 33525 | |
| TITLE | D | <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 | | |

| | | |
|----------------|-----------------------------------|------------------------------------------------------------------------------|
| TITLE | IM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Thomas Collins | |
| STREET ADDRESS | 859 Moonlight Lane | |
| CITY-ST-ZIP | Brooksville FL 34601 | |
| TITLE | DM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | George Robinson | |
| STREET ADDRESS | 11518 Tusanny Ave | |
| CITY-ST-ZIP | Spring Hill FL 34608 | |
| TITLE | PCW | <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 | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Louie King | |
| STREET ADDRESS | PO Box 8 | |
| CITY-ST-ZIP | Trilby FL 33593 | |
| TITLE | R | <input type="checkbox"/> Change <input 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 7965041

CR2E037 (10/02)