

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10456

1. Entity Name

ZABUD COUNCIL NO. 17 ROYAL AND SELECT MASTERS

Principal Place of Business

1896 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33409-3513

Mailing Address

P.O. BOX 33286
PALM BEACH GARDENS FL 33420

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

65-0656335

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BILES, JOHN E
243 E TALL OAKS CIRCLE
PALM BEACH GARDENS FL 33440

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 IM
NAME SIMMONS, ALLEN T ☒ Delete
STREET ADDRESS 308 LAS PALMAS
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE S
NAME DEMENT, DAVID ☐ Delete
STREET ADDRESS 2555 PGA BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE T
NAME BILES, JOHN E ☐ Delete
STREET ADDRESS 243 E TALL OAKS CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE IM ☒ Change ☐ Addition
NAME IDEAL F. BALDOWI II
STREET ADDRESS 1388 BRIAN WAY
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 OF J.E. BILES

02-05-2001 6271024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90096 027 *****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)