

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

DOCUMENT # C920000000002

1. Entity Name

OCALA CHAPTER NO. 13, ROYAL ARCH MASONS



**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90776 048 \*\*\*\*61.25

Principal Place of Business

5871 SE BASE LINE ROAD  
BELLEVUE FL 34420

Mailing Address

P.O. BOX 292  
LECANTO FL 34460

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 **23-7591070**

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

APONTE, DAVID A  
6620 W. CONSTITUTION LANE  
HOMOSASSA FL 34448

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

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  
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	MITCHELL, STEVE	
STREET ADDRESS	828 NW 51ST AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, STEVE	
STREET ADDRESS	8705 N HIMA LAYAS POINT	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LICHTYER, JAMES D	
STREET ADDRESS	8705 N. HIMALAYAS POINT	
CITY-ST-ZIP	DUNNELLON FL 34433-3586	
TITLE	S	<input type="checkbox"/> Delete
NAME	APONTE, DAVID A	
STREET ADDRESS	6620 W. CONSTITUTION LN	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EHLERS, EDWARD W	
STREET ADDRESS	8545 E. KEATING PARK ST	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MAROTTA, ANTHONY JR	
STREET ADDRESS	8220 N. HEATHROW DRIVE	
CITY-ST-ZIP	LECANTO FL 34461	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marotta, Anthony Jr.	
STREET ADDRESS	8220 N. Heathrow Drive	
CITY-ST-ZIP	LECANTO, FL 34461-4972	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benjamin Ayers	
STREET ADDRESS	P.O. Box 416 2215 Ashley Court	
CITY-ST-ZIP	OCALA FL 34471-8381	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James H. Hughey	
STREET ADDRESS	P.O. Box 416	
CITY-ST-ZIP	Nobleton FL 34661-0416	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James P. Rudman	
STREET ADDRESS	8545 E. Keating Park St.	
CITY-ST-ZIP	FLORAL CITY, FL 34436-2802	
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:

*David A. Aponte* 2/1/03

CR2E037 (10/02)