

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

DOCUMENT # C92000000003

1. Entity Name

OCALA COUNCIL NO 22, ROYAL AND SELECT MASTERS



Principal Place of Business

5871 SE BASE LINE ROAD  
BELLEVIEW FL 34420  
US

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

6. Name and Address of Current Registered Agent

APONTE, DAVID A  
6620 W CONSTITUTION LANE  
HOMOSASSA FL 34448

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. 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 ☒ Delete  
NAME LICHYTER, JAMES D  
STREET ADDRESS 5705 N HIMALAYAS POINT  
CITY-ST-ZIP DUNNELLON FL 34433-3586

TITLE ☐ Change ☒ Addition  
NAME Hughes, James H  
STREET ADDRESS P.O. Box 416 Nobleton FL 34661-0416  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MAROTTA, ANTHONY J JR  
STREET ADDRESS 8220 N HEATHROW DRIVE  
CITY-ST-ZIP LECANTO FL 34461-0416

TITLE ☒ Change ☐ Addition  
NAME Marotta Antony J. Jr.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME MITCHELL, STEVE  
STREET ADDRESS 828 NE 51ST AVENUE  
CITY-ST-ZIP Ocala FL 34470-0831

TITLE ☐ Change ☒ Addition  
NAME Ayers Benjamin  
STREET ADDRESS 2215 Ashley Court Ocala, FL  
CITY-ST-ZIP 34471-8381

TITLE R ☐ Delete  
NAME APONTE, DAVID A  
STREET ADDRESS 6620 W CONSTITUTION LANE  
CITY-ST-ZIP HOMOSASSA FL 34448

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

TITLE T ☐ Delete  
NAME RUDMAN, JAMES P  
STREET ADDRESS 8545 E KEATING PARK ST  
CITY-ST-ZIP FLORAL CITY FL 34436-2802

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

2/1/03

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

03-10-2003 90776 050 \*\*\*\*61.25

10035801



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0482965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/02)