

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C92000000004

1. Entity Name

OCALA COMMANDERY NO. 19, KNIGHTS TEMPLAR

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90025 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5871 SE BASE LINE ROAD  
BELLEVUE FL 34420  
US

P.O. BOX 2234  
OCALA FL 34478-2234  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0482964

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FREUND, W.J.  
2321 NE 45TH ST  
OCALA FL 34479

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS EHLERS, EDWARD W.  
CITY-ST-ZIP P.O BOX 156 N/A  
WEIRSDALE FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS APONTE, DAVID A  
CITY-ST-ZIP PO BOX 292  
LECANTO FL

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

TITLE ☐ Delete  
NAME R  
STREET ADDRESS FREUND, WILLIAM J.  
CITY-ST-ZIP 2321 N.E. 45TH STREET  
OCALA FL

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS RIEGGER, RALPH E II  
CITY-ST-ZIP P O BOX 143 N/A  
HOMOSASSA SPRINGS FL 34447

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Thompson, David R.  
CITY-ST-ZIP 8653 CR 624A  
Bushnell, FL 33513

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:

*William J. Freund*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/2000 352-622-9784  
Date Daytime Phone #

CR2E037 (9/99)