

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

DOCUMENT # C92000000004

1. Entity Name

OCALA COMMANDERY NO. 19, KNIGHTS TEMPLAR



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

03-10-2003 90776 049 ****61.25

Principal Place of Business

5871 SE BASE LINE ROAD
BELLEVUE FL 34420
US

Mailing Address

P.O. BOX 292
LECANTO FL 34460
US

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 65-0482964

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 ☐ Delete
NAME HUGHEY, JAMES
STREET ADDRESS PO BOX 416
CITY-ST-ZIP NABLETON FL 34661-0416

TITLE C ☒ Change ☐ Addition
NAME Hughey, James
STREET ADDRESS PO Box 416
CITY-ST-ZIP Nableton FL 34661

TITLE T ☒ Delete
NAME MITCHELL, STEVE
STREET ADDRESS 828 NE 51ST AVE
CITY-ST-ZIP Ocala FL 34470-0811

TITLE D ☒ Change ☐ Addition
NAME Mitchell, Steve

TITLE D ☐ Delete
NAME MAROTTA, ANTHONY J JR
STREET ADDRESS 675 N HEATHROW DRIVE
CITY-ST-ZIP LECANTO FL 34461

TITLE D ☐ Change ☒ Addition
NAME Lucian B. Mundreanu
STREET ADDRESS 8820 E. Pony Lane
CITY-ST-ZIP FLORAL City FL 34436-3859

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

TITLE ☐ Change ☐ Addition

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

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

REQUIRED

2/1/03

CR2E037 (10/02)