

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90019 039 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # C92000000006
1. Entity Name
LIVE OAK COMMANDERY NO. 11, KNIGHTS TEMPLAR

Principal Place of Business **Mailing Address**
MAYO MASONIC LODGE **JAMES S. FOSTER**
US 27 E **P O BOX 840**
MAYO FL 32066 **STEINHATCHEE FL 32359**
US **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 **59-3187942** **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FOSTER, JAMES S
913 CENTRAL AVE E
P O BOX 840
STEINHATCHEE FL 32359

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, TROY	
STREET ADDRESS	RT 3 BOX 792 N/A	
CITY-ST-ZIP	MAYO FL 98	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CARL	
STREET ADDRESS	RT 4 BOX 416 N/A	
CITY-ST-ZIP	PERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRUNIER, BERNARD	
STREET ADDRESS	P O BOX 263	
CITY-ST-ZIP	LEE FL 63	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOCK, DONALD	
STREET ADDRESS	103 EL MATADOR	
CITY-ST-ZIP	PERRY FL	
TITLE	R	<input type="checkbox"/> Delete
NAME	FOSTER, JAMES S	
STREET ADDRESS	913 CENTRAL AVE E	
CITY-ST-ZIP	STEINHATCHEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, WAYNE	
STREET ADDRESS	P O BOX 265 N/A	
CITY-ST-ZIP	MAYO, FL 32066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOREMAN, RALPH	
STREET ADDRESS	307 E PACE DR	
CITY-ST-ZIP	PERRY, FL 32347	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]* **1/4/2001 352-498-2317**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)