

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C92000000009

1. Entity Name

LIVE OAK CHAPTER NO. 25, ROYAL ARCH MASONS

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90055 048 ****61.25

Principal Place of Business

Mailing Address

%MAYO MASONIC LODGE
E. US 27
MAYO FL 32066
US

C/O FORSTER, JAMES. S
P O BOX 1691
MAYO FL 32066-1691
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 **NOT APPLICABLE**

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

FOSTER, JAMES S
913 CENTRAL AVE. E
STEINHATCHEE FL 32359

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

TITLE **D** ☐ Delete
NAME **SANDERS, CHARLES**
STREET ADDRESS **RT 1 BOX 736 NA**
CITY-ST-ZIP **PERRY FL**

TITLE **DK** ☐ Delete
NAME **MOCK, DONALD**
STREET ADDRESS **103 EL MATADOR**
CITY-ST-ZIP **PERRY FL**

TITLE **D-** ☐ Delete
NAME **WILLIAMS, CARL**
STREET ADDRESS **RR 4 BOX 146 NA**
CITY-ST-ZIP **PERRY FL**

TITLE **T** ☐ Delete
NAME **THOMPSON, TROY**
STREET ADDRESS **RT 3 BOX 792**
CITY-ST-ZIP **MAYO FL**

TITLE **S** ☐ Delete
NAME **FOSTER, JAMES S**
STREET ADDRESS **913 CENTRAL AVE E**
CITY-ST-ZIP **STEINHATCHEE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

Signature of James S. Foster
2/2/2000

352-478-2317