

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C92000000011

1. Entity Name

LIVE OAK COUNCIL NO. 16, ROYAL AND SELECT MASTER

Principal Place of Business

MAYO MASONIC LODGE  
US 27 E  
MAYO FL 32066  
US

Mailing Address

JAMES S FOSTER  
P O BOX 1691  
MAYO FL 32066  
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

59-3187944

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  
STIENHATCHEE 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

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	DM	<input checked="" type="checkbox"/> Delete
NAME	<del>SANDERS, CHARLES</del>	
STREET ADDRESS	<del>RT 1 BOX 736 NA</del>	
CITY-ST-ZIP	<del>PERRY FL</del>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CARL	
STREET ADDRESS	RRT BOX 146 NA	
CITY-ST-ZIP	PERRY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOCK, DONALD	
STREET ADDRESS	103 EL MATADOR CIRCLE	
CITY-ST-ZIP	PERRY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, TREY JAMES L.	
STREET ADDRESS	RT 3 BOX 792 NA	
CITY-ST-ZIP	MAYO 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	DM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE HARRIS	
STREET ADDRESS	PO BOX 205 NA	
CITY-ST-ZIP	MAYO, FL 32066	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNARD PRUNIER	
STREET ADDRESS	PO BOX 263 NA	
CITY-ST-ZIP	LEE, FL 32059-0263	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH FOREMAN	
STREET ADDRESS	307 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2001 352-498-2317

Date Daytime Phone #

0007115

CR2E037 (10/00)