

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C93000000018

1. Entity Name

BARTOW COMMANDERY NO. 15, KNIGHTS TEMPLAR

Principal Place of Business

915 MCLEOD ST  
BARTOW FL 33830

Mailing Address

915 MCLEOD ST  
BARTOW FL 33830

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

59-0433020

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

WEST, JOE K  
915 MCLEOD ST  
BARTOW FL 33830

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 NAME ☐ Delete  
T HACKER, JACK L.  
STREET ADDRESS 1822 SUZANNE LANE  
CITY-ST-ZIP LAKELAND FL

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

TITLE NAME ☐ Delete  
D RIVERS, HAROLD  
STREET ADDRESS 5818 MACAW PLACE  
CITY-ST-ZIP LAKELAND FL 33809

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

TITLE NAME ☐ Delete  
D ALLEN, WILBUR  
STREET ADDRESS 2130 E F GRIFFEN ROAD  
CITY-ST-ZIP BARTOW FL 33830

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

TITLE NAME ☐ Delete  
D MOORE, TIMOTHY  
STREET ADDRESS 5728 PIPES ROAD  
CITY-ST-ZIP BARTOW FL 33830

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

TITLE NAME ☐ Delete  
S WEST, JOE K  
STREET ADDRESS 915 MCLEOD ST  
CITY-ST-ZIP BARTOW FL 33830

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ 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:

SIGNATURE *Joe K West* RECEIVED *Rec'd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

04-18-01 863/533-9198

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90006 033 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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