

DOCUMENT # C93000000019

1. Entity Name

LAUDERDALE COUNCIL NO. 24, ROYAL AND SELECT MAST

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90072 041 ****70.00

Principal Place of Business

SEMINOLE LODGE
401 SE 15 ST
FT LAUDERDALE FL

Mailing Address

% MR. WILLIAM D. SPIKER
1546 N.E. 17TH WAY
FT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3257561

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPIKER, WILLIAM D
1546 N.E. 17TH WAY
FORT LAUDERDALE FL 33304-1335

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 ☐ Delete
NAME D
STREET ADDRESS LARGE, JACK M
CITY-ST-ZIP 2260 N.E. 62ND STREET
FORT LAUDERDALE FL 33308

TITLE ☐ Delete
NAME D
STREET ADDRESS SHORTELL, C. MIKE
CITY-ST-ZIP 3041 S.W. 22ND STREET
FORT LAUDERDALE FL 33312

TITLE ☐ Delete
NAME D
STREET ADDRESS GREEN, WILLIAM W
CITY-ST-ZIP 11729 N.W. 37TH STREET
SUNRISE FL 33323

TITLE ☐ Delete
NAME T
STREET ADDRESS ARTEAGA, MIGUEL
CITY-ST-ZIP 7337 TEXAS TRAIL
BOCA RATON FL 33021

TITLE ☐ Delete
NAME S
STREET ADDRESS SPIKER, WILLIAM D
CITY-ST-ZIP 1546 N.E. 17TH WAY
FORT LAUDERDALE FL 33304

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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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

Date

Daytime Phone #

CR2E037 (10/00)