

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90147 014 ****70.00

DOCUMENT # C93000000019

1. Entity Name

LAUDERDALE COUNCIL NO. 24, ROYAL AND SELECT MASTERS



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

J. Dewey Hawkins Lodge

3. Mailing Address

Suite, Apt. #, etc.

City & State

555 N.E. 42 COURT

OAKLAND PARK FL

Zip

33334

Country

Zip

Country

4. FEI Number **13-3257561**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LARGE, JACK M	
STREET ADDRESS	2260 N.E. 62ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHORTELL, C. MIKE	
STREET ADDRESS	3041 S.W. 22ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, WILLIAM W	
STREET ADDRESS	11729 N.W. 37TH STREET	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARTEAGA, MIGUEL	
STREET ADDRESS	7337 TEXAS TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33021	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPIKER, WILLIAM D	
STREET ADDRESS	1546 N.E. 17TH WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meyer, Emil "Skip"	
STREET ADDRESS	6300 N.W. 20th Street	
CITY-ST-ZIP	MARGATE FL 33063-2315	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beaudet, Michael G.	
STREET ADDRESS	1312 S.W. 17th Street	
CITY-ST-ZIP	Fort Lauderdale FL 33305-1944	
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		

CR2E037 (10/02)

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 PROVIDED

William D. Spiker 1/11/03 954-831-0425