

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C93000000020

1. Entity Name

THOMAS BROWN CHAPTER NO. 22, ROYAL ARCH MASONS

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90010 024 ****61.25

Principal Place of Business

Mailing Address

MCLEOD ST
BARTOW FL 33830

915 MCLEOD ST
BARTOW FL 33830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1852919

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

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 ☒ Delete
NAME D
STREET ADDRESS HERNANDEZ, ROBERT J
CITY-ST-ZIP 2055 FLORAL AVE LOT 215
BARTOW FL 33830

TITLE ☒ Change ☒ Addition
NAME D
STREET ADDRESS WILBUR R. ALLEN
CITY-ST-ZIP 2130 E. F. GRIFFIN RD
BARTOW, FL 33830

TITLE ☐ Delete
NAME T
STREET ADDRESS HOLLAND, B J
CITY-ST-ZIP 1165 N MILL AVE
BARTOW FL 33830

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HACKER, JACK L
CITY-ST-ZIP 1822 SUZANNE LANE
LAKELAND FL 33813

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CURRY, CHARLES B
CITY-ST-ZIP 1415 PIER COURT
LAKELAND FL 33813

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 REQUIRED

020402

863/533-9498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)