

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90116 019 ****61.25

DOCUMENT # N00773

1. Entity Name

MASONIC BUILDING CLUB, INC.

Principal Place of Business

Mailing Address

**1104 WEST JACKSON
 PENSACOLA FL 32501
 US**

**2517 NORTH 'L' STREET
 PENSACOLA FL 32505
 US**

2. Principal Place of Business

3. Mailing Address

1104 West Jackson St.
 Suite, Apt. #, etc.

2517 North L Street
 Suite, Apt. #, etc.

City & State

City & State

Pensacola

Pensacola

4. FEI Number

59-2447451

Applied For

Not Applicable

Zip

Country

Zip

Country

32501

Escambia

32501

Escambia

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

**PATE, BERNETT
 2517 NORTH 'L' ST
 PENSACOLA FL 32505**

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	PD PATE, BERNETT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2517 N 'L' ST PENSACOLA FL	
TITLE NAME	VD JACKSON, MILDRED	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1713 W ROSEANNA ST PENSACOLA FL	
TITLE NAME	SD GAINEY, ELLIS	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3407 W SCOTT ST PENSACOLA FL-32505	
TITLE NAME	T PURIFY, JAMES H.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1310 GERMAIN PENSACOLA FL	
TITLE NAME	C WEATHERSPOON, JIMMIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	624 W CHASE ST PENSACOLA FL	
TITLE NAME	Jackson, Mildred (deceased)	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	VD Hosea, Hattie E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2361 Truman Ave. Pensacola, FL 32505	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

4/1/2002

(850) 433-0088

Date

Daytime Phone #

CR2E037 (9/01)