

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01107

1. Entity Name

BRANFORD SHRINE CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

OLD DEPOT CLUBHOUSE, SUWANNEE RIVER
P.O. BOX 125
BRANFORD FL 32008

OLD DEPOT CLUBHOUSE, SUWANNEE RIVER
P.O. BOX 125
BRANFORD FL 32008

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

59-2539067

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

ROBARTS, CHARLES W
RT 1 BOX 509
BRANFORD FL 32008

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 D ☐ Delete
NAME DANIEL, CHARLIE
STREET ADDRESS P.O. BOX 824 N/A
CITY-ST-ZIP BRANFORD FL

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

TITLE S ☐ Delete
NAME CARMICHAEL, LEWIE S
STREET ADDRESS RT-1 BOX 401
CITY-ST-ZIP BRANFORD FL 32008

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

TITLE P ☐ Delete
NAME ISAAC, WALLACE W
STREET ADDRESS 22812 -39 ST
CITY-ST-ZIP LAKE CITY FL 32024

TITLE VICE PRES. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME CARVER, ERON
STREET ADDRESS RT 2 BOX 415 NA
CITY-ST-ZIP BRANFORD FL

TITLE PRESIDENT ☐ Change ☒ Addition
NAME EDGAR J. LUNDY II
STREET ADDRESS RT 2 Box 40042 LAKE CITY, FLA 32024
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KEEN, LEONARD KENNET
STREET ADDRESS RT 15 BOX 4428
CITY-ST-ZIP LAKE CITY FL 32024

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

TITLE D ☐ Delete
NAME WATTERS, GEORGE
STREET ADDRESS P.O. BOX 931, NA
CITY-ST-ZIP BRANFORD FL

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, or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90073 031 ****61.25

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DO NOT WRITE IN THIS SPACE

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