

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05972

1. Entity Name

BAKER COUNTY SHRINE CLUB ASSOCIATION, INC.

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90012 044 ****61.25

Principal Place of Business

~~DAWKINS LODGE #60~~ *Dawkins Lodge #60*
233 E MACCLENNY AVENUE
MACCLENNY FL 32063
US

Mailing Address

DAWKINS LODGE #60
P.O. BOX 731
MACCLENNY FL 32063
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2489564

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

MUENCH, WM BRUCE
438 E MONROE ST
JACKSONVILLE FL 32202

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	T	<input type="checkbox"/> Delete
NAME	CONNER, ROBERT A.	
STREET ADDRESS	RT. 1 504 SHELLY LANE <i>6145 Shelly Lane</i>	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, FRANK W.	
STREET ADDRESS	RT. 1 347 HICKORY STREET	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONNER, ROBERT A.	
STREET ADDRESS	RT. 1 504 SHELLY LANE <i>6145 Shelly Lane</i>	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKERSON, ELISHA JR	
STREET ADDRESS	RT 2 BOX 480	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARVEY, EDWARD WILLIAM	
STREET ADDRESS	RT. 1 BOX 434 SHELLY LANE <i>5880 Shelly Lane</i>	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSIER, ROBERT A.	
STREET ADDRESS	32 WIDENER WAY	
CITY-ST-ZIP	ORANGE PARK FL	

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert A. Conner, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. CONNER, SEC. 02-07-01

Date

Daytime Phone #

CR2E037 (10/00)