

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90141 029 ****61.25

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DOCUMENT # N13656

1. Entity Name

OLD SPANISH TRAIL SHRINE CLUB HOLDING CORPORATION

Principal Place of Business

**HWY 90 W
 CRESTVIEW FL 32536
 US**

Mailing Address

**971 W. JAMES LEE
 CRESTVIEW FL 32536
 US**

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

59-1174237

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

**CARROLL, JERRY
 6123 BUCKWARD ROAD
 BAKER FL 32531**

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 **TILLERY, DONALD**
 CITY-ST-ZIP **P.O. BOX 486
 HAROLD FL 32563**

TITLE ☒ Change ☐ Addition
 NAME **Tillery, Donald**
 STREET ADDRESS **12317 COOPER RD,**
 CITY-ST-ZIP **HOLT, FLA. 32564**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BROWN, ARTHUR**
 CITY-ST-ZIP **P.O. BOX 71
 HOLT FL 32564**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **STONE, ERNEST**
 CITY-ST-ZIP **534 RISEN STAR DR.
 CRESTVIEW FL 32539**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **JERRY CARROLL**

1-23-01 850-5375426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)