

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90044 046 ****61.25

DOCUMENT # N13656

1. Entity Name

**OLD SPANISH TRAIL SHRINE CLUB HOLDING CORPORATIO
N**

Principal Place of Business

Mailing Address

**HWY 90 W
CRESTVIEW FL 32536
US**

**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 **D** ☐ Delete
NAME **TILLERY, DONALD**
STREET ADDRESS **12317 COOPER RD**
CITY-ST-ZIP **HOLT FL 32564**

TITLE ☐ Change ☒ Addition
NAME **D/P; GREER, JESSE**
STREET ADDRESS **311 COUNTRY CLUB DR.**
CITY-ST-ZIP **CRESTVIEW, FL 32536**

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

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

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

TITLE ☐ Change ☒ Addition
NAME **D/T: BONNER, GEORGE**
STREET ADDRESS **4863 ORLIMAR DR.**
CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 OF JESSE GREER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-02 (800) 482-7508

CR2E037 (9/01)