

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90204 033 ****61.25

DOCUMENT # N49524

1. Entity Name

SCOTTISH RITE BUILDING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O A&A SCOTTISH RITE
 P.O. BOX 12372
 PENSACOLA FL 32582

C/O A&A SCOTTISH RITE
 P.O. BOX 12372
 PENSACOLA FL 32582

00010010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6152328

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

CREEL, L E JR
355 EUCLID ST.
PENSACOLA FL 32503

Name

Street Address (P.O. Box Number is Not Acceptable)

10100 HILLVIEW DR APT 116

City

PENSACOLA

FL

Zip Code

32514

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	<input type="checkbox"/> Delete
NAME	BOOKER, F E	
STREET ADDRESS	106 W LORETTA ST	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAHN, R H JR	
STREET ADDRESS	320 W LEE ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEULE, F I	
STREET ADDRESS	3505 MARJEAN DR	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, J R	
STREET ADDRESS	411 SHORELINE DR	
CITY-ST-ZIP	PACE FL 32571	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSENBAUM, E B	
STREET ADDRESS	P O BOX 12388 N/A	
CITY-ST-ZIP	PENSACOLA FL 32582	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CREEL, L.E. JR	
STREET ADDRESS	355 EUCLID ST.	
CITY-ST-ZIP	PENSACOLA FL 32503-2844	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **SIGNATURE REQUIRED L.E. CREEL** **1/22/2001 850-473-0191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

10272