

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003095

1. Entity Name

TOMBS OF SOLOMON GRAND LODGE #63/BRIGHT MORNING

FILED
Aug 09, 2001 8:00 am
Secretary of State

08-09-2001 90044 027 ****61.25

0001003

80061723



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2802 N. PEARL STREET JACKSONVILLE FL 32206		Mailing Address 2802 N. PEARL STREET JACKSONVILLE FL 32206	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 40085 Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		4. FEI Number 59-3244952	
Zip 32203	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPENCER, ROBERTA A 2802 N. PEARL STREET JACKSONVILLE FL 32206		7. Name and Address of New Registered Agent Name: LARRY DIXON Street Address (P.O. Box Number is Not Acceptable) 1314 S. SEMORAN BLVD. City: ORLANDO FL Zip Code: 32807	
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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: LARRY DIXON DATE: 7-16-01
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, DAN JR 2210 FOREST HILLS ROAD JACKSONVILLE FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SPENCER, ROBERTA A 2637 SAM HOUSTON PLACE JACKSONVILLE FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BUGGS, VICKY 7632 PICKETT STREET JACKSONVILLE FL 32208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COBB, DEBORAH 9626 LITTLE JOHN RD. JACKSONVILLE FL 32208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHOWERS, LENORA 5029 JES CT. JACKSONVILLE FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIXON, LARRY 8968 PALOS VERDE DRIVE ORLANDO FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LARRY DIXON DATE: 7-16-01 (407) 282-7929

CR2E037 (5/01)