

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005170

1. Entity Name

YORK RITE MASONIC BODIES OF PENSACOLA FOUNDATION

Principal Place of Business

189 W AIRPORT BLVD
PENSACOLA FL 32505

Mailing Address

189 W AIRPORT BLVD
PENSACOLA FL 32505

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

59-3396007

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

SMITH, GREGORY D
201 SOUTH BAYLEN STREET
SUITE B
PENSACOLA FL 32501

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	SEIBERT, HARRY W	7630 SANDY CREEK CT PENSACOLA FL 32506				
	D	SECREST, JOSEPH W SR	3511 TIDE DR PENSACOLA FL 32504		D	BRIGGS, FREDDIE C.	5566 Shadow Grove Blvd Pensacola, FL 32626
	D	SMITH, GREGORY D	201 SOUTH BAYLEN STREET PENSACOLA FL 32501		D	HENDRIX, CHARLES A.	5799 Yucca Drive Milton, FL 32583
	D	PEREZ, CHARLES	7649 NORTH POINTE DRIVE PENSACOLA FL 32514				
	D	BALL, MORGAN J	4693 KIMBERLY DRIVE PENSACOLA FL 32526				
	D	SILER, ARNOLD J SR	8404 WILLIAMSBURG CIRCLE PENSACOLA FL 32514		D	KEBROT, LEO R.	1533 Valencia Drive Lillian, AL 36549

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90045 030 ****61.25

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DO NOT WRITE IN THIS SPACE

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