

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000114

1. Entity Name

THE INTERNATIONAL MASONS AND ORDER OF EASTERN ST

Principal Place of Business

855 13TH AVENUE SOUTH  
ST. PETERSBURG FL 33701

Mailing Address

3500 28TH AVENUE S.  
ST. PETERSBURG FL 33711-3525

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90017 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-3136728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAYES, CHRISTINE W  
3500 28TH AVENUE S.  
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, JAMES E	
STREET ADDRESS	850 NEWTON AVENUE S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAYES, CHRISTINE W	
STREET ADDRESS	3500 28TH AVENUE S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIS, THELMA	
STREET ADDRESS	2425 HIGHLAND STREET S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	T	<input type="checkbox"/> Delete
NAME	TURNER, JAMES	
STREET ADDRESS	1048 26TH AVENUE S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 867 1218

Date

Daytime Phone #

CR2E037 (9/99)