

2001 UNIFORM BUSINESS REPORT (UBR)

0023417

DOCUMENT # N98000004215

1. Entity Name

MOST WORSHIPFUL KING OF TYRE GRAND LODGE ANCIENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 3 PM 12:50

Principal Place of Business
309 AMADOR CIRCLE
P O BOX 2435
EATONVILLE FL 32757

Mailing Address
309 AMADOR CIRCLE
P O BOX 2435
EATONVILLE FL 32757



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1040 LINCOLN TERR
Suite, Apt. #, etc.

3. Mailing Address
1040 LINCOLN TERR
Suite, Apt. #, etc.

City & State
Winter Garden FL

City & State
Winter Garden, FL

Zip
34787

Country
USA

Zip
34787

Country
USA

4. FEI Number
59-3492679

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REEVES, STEVE
4744 MARBELLO BLVD
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name
Booker T. Coates

Street Address (P.O. Box Number is Not Acceptable)
1040 LINCOLN TERR

City
Winter Garden FL

Zip Code
34787

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: *Booker T. Coates*

4/3/01

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 NAME STREET ADDRESS CITY-ST-ZIP	P HUNTER, BOBBY J 309 AMADOR CIRCLE EATONVILLE FL 32757	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COATES, BOOKER T 1040 LINCOLN TERR WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEGLER, BENNIE L 691 KREIDT DRIVE ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOWDELL, LAFAYETTE 3115 WESTCHESTER AVE MT PLYMOUTH FL 32776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Booker T. Coates 1040 LINCOLN TERR Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Steve Reeves 4744 MARBELLO BLVD ORLANDO, FL 32811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Booker T. Coates*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date Daytime Phone #

CR2E037 (10/00)