

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-07-2003 91046 005 *****70.00

DOCUMENT # *N98000004215*

1. Entity Name

*MOST WORSHIPFUL KING OF TYRE
GILAND Lodge ANCIENT FREE & ACCEPTED MASON of Florida
& Jurisdiction (A.F. + A.M./SRM) INC.*

DO NOT WRITE IN THIS SPACE

55029023

2. Principal Place of Business

4744 MARBELLO BLVD.

3. Mailing Address

4744 MARBELLO BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL.

City & State

ORLANDO, FL.

4. FEI Number

Applied For

☒ Not Applicable

Zip

32811

Country

ORANGE

Zip

32811

Country

ORANGE

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

STEVE REEVES

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

4744 MARBELLO BLVD.

City *ORLANDO,*

FL

Zip Code

32811

**DO NOT WRITE
IN THIS SPACE**

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

Steve Reeves President

2/5/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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 <i>Pres</i>	<i>Pres. OENT</i>
NAME <i>D</i>	<i>STEVE REEVES</i>
STREET ADDRESS	<i>4744 MARBELLO BLVD.</i>
CITY-ST-ZIP	<i>ORLANDO, FL. 32811</i>
TITLE <i>T</i>	<i>V. PRESIDENT</i>
NAME	<i>LEVICTOR LONG</i>
STREET ADDRESS	<i>2815 LAKE SUNSET DR</i>
CITY-ST-ZIP	<i>ORANGE ORLANDO FL 32805</i>
TITLE <i>T</i>	<i>HENRY LONG</i>
NAME	<i>55 N COTTAGE HILL RD.</i>
STREET ADDRESS	<i>ORLANDO, FL. 32805</i>
CITY-ST-ZIP	
TITLE <i>Sgt</i>	<i>JOHNNIE JONES</i>
NAME	<i>5834 PARADISE LANE</i>
STREET ADDRESS	<i>ORLANDO, FL. 32808</i>
CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Steve Reeves **STEVE REEVES**

Date

4/18/03

Daytime Phone #

407-422-2861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)