

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-17-2000 90986 028 ****61.25

DOCUMENT # N98000004913

1. Entity Name

ROYAL GRAND CHAPTER ORDER OF EASTERN STARS STATE

Principal Place of Business

Mailing Address

GRAND EAST TEMPLE BLDG.
 1199 SOUTH BRUTON BLVD.
 ORLANDO FL 32805

EDNA F. HILL
 P.O. BOX 12533
 JACKSONVILLE FL 32209-0533

2. Principal Place of Business

3. Mailing Address

GRAND EAST TEMPLE BLDG.
 Suite, Apt. #, etc.

EDNA F. HILL
 Suite, Apt. #, etc.

1199 SOUTH BRUTON BLVD
 City & State

P.O. BOX 12533
 JACKSONVILLE, FL

ORLANDO, FL 32805
 Zip

JACKSONVILLE, FL
 Zip

4. FEI Number 68295
 52-21 APPLIED FOR
 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

HILL, EDNA F
 2487 W 23RD STREET
 JACKSONVILLE FL 32209

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:
FEES 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 PD
 NAME HILL, EDNA F
 STREET ADDRESS 2487 W 23RD STREET
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
 NAME JENKINS, LOIS C
 STREET ADDRESS 1912 W 4TH STREET
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
 NAME KENNERLY, DOROTHY C
 STREET ADDRESS 3228 RIFAULT-SCENIC DR
 CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
 NAME SAPP, GLORIA
 STREET ADDRESS P.O. BOX 616811
 CITY-ST-ZIP ORLANDO FL 32861-6871

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** Edna F. Hill

7/23/0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)