

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004913

1. Entity Name

ROYAL GRAND CHAPTER ORDER OF EASTERN STARS STATE
OF FLORIDA INCORPORATED

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

GRAND EAST TEMPLE BLDG

Suite, Apt. #, etc.

1199 SOUTH BRUTON BLVD

3. Mailing Address

P.O. BOX 12533

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32209

Country

DUVAL

4. FEI Number

52-2168295

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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 PD ☐ Delete

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

TITLE VD ☐ Delete

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

TITLE D ☐ Delete

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

TITLE SD ☐ Delete

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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Edna F. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2002 904-354-7802

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

0003573