

# 2001 UNIFORM BUSINESS REPORT (UBR)

0085079

DOCUMENT # N99000001347

1. Entity Name

MOST EXCELLENT GRAND ARCH CHAPTER OF ROYAL ARCH

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 3 PM 12:50

Principal Place of Business

1040 LINCOLN TERR.  
WINTER GARDEN FL 34787

Mailing Address

1040 LINCOLN TERR.  
WINTER GARDEN FL 34787

2. Principal Place of Business

5214 Leatha

3. Mailing Address

5214 Leatha

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32811

Country

USA

Zip

32811

Country

USA

4. FEI Number

59-3492679

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COATES, BOOKER T  
1040 LINCOLN TERR.  
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name

AL Rollins

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

5214 LEATHA ST

City

ORLANDO

FL

Zip Code

32811

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

*Al Rollins*

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 PD  
NAME COATES, BOOKER T  
STREET ADDRESS 1040 LINCOLN TERR.  
CITY-ST-ZIP WINTER GARDEN FL 34787 ☒ Delete

TITLE VD  
NAME HAGANS, GROVER  
STREET ADDRESS 2419 SPRIA ST.  
CITY-ST-ZIP JACKSONVILLE FL 32209 ☒ Delete

TITLE TD  
NAME DUDLEY, HENRY L  
STREET ADDRESS 1125 LINCOLN TERR.  
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE SD  
NAME KEGLER, BENNIE  
STREET ADDRESS 6591 KREIDT DR.  
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME AL ROLLINS  
STREET ADDRESS 5214 LEATHA ST  
CITY-ST-ZIP ORLANDO, FL 32811 ☐ Change ☒ Addition

TITLE VD  
NAME RIFRED POSTELL  
STREET ADDRESS 1005 LINCOLN TERR.  
CITY-ST-ZIP WINTER GARDEN, FL. 34787 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 000003962820-002  
-04/08/01-01027-002  
\*\*\*\*\*61.25 \*\*\*\*\*61.25 ☐ Change ☐ Addition

TITLE SD  
NAME STEVE REEVES  
STREET ADDRESS 4744 MANABEHO BLVD.  
CITY-ST-ZIP ORLANDO, FL. 32811 ☐ Change ☒ Addition

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

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

*Steve Reeves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

407-422-2861

CR2E037 (10/00)