

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/3

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90076 037 \*\*\*\*61.25

**DOCUMENT # 729399**

1. Entity Name

**RABIA TEMPLE NO. 8 ANCIENT EGYPTIAN ARABIC ORDER**

Principal Place of Business 3707 NORTH LIBERTY STREET P.O. BOX 41364 JACKSONVILLE FL 32203-1403	Mailing Address 3707 NORTH LIBERTY STREET P.O. BOX 41364 JACKSONVILLE FL 32203-1364
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 23-7536446	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent  
**TAYLOR, EDDIE**  
**3139 KENISTON LN**  
**JACKSONVILLE FL 32277**

7. Name and Address of New Registered Agent  
 Name **JESSE L. Wilcox**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11405 MANATEE DR.**  
 City **JACKSONVILLE** FL Zip Code **32218**

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 *Jesse L. Wilcox III* **JESSE L. Wilcox III, POTENTATE** **MAY 1, 2000**  
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	T	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, REGINALD J	
STREET ADDRESS	2515 ST LEGER DR	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILCOX, JESSE L	
STREET ADDRESS	11405 MANATEE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, DANIEL SR.	
STREET ADDRESS	456 WYNFIELD CIRCLE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKSHEAR, WILLIE W	
STREET ADDRESS	8914 GREENLEAF RD.	
CITY-ST-ZIP	JAX FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, EDDIE L	
STREET ADDRESS	3139 KENISTON RD.	
CITY-ST-ZIP	JAX FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FORD, ROSCOR JR.	
STREET ADDRESS	420 BLUE HA DR. W	
CITY-ST-ZIP	JACKSONVILLE FL 32-2218	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY SR. EDWARD D.	
STREET ADDRESS	P.O. Box 40172	
CITY-ST-ZIP	JAX, FLA. 32203	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSEY, TRAVIS L.	
STREET ADDRESS	12315 TIGER CREEK LN.	
CITY-ST-ZIP	JAX, FLA. 32225	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN F. TRIMBLE	
STREET ADDRESS	5700 DIAMOND ST.	
CITY-ST-ZIP	JAX, FLA. 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rollins Sr. ROBERT L.	
STREET ADDRESS	5037 PORTSMOUTH AVE.	
CITY-ST-ZIP	JAX, FLA. 32208	

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 my address, with all other officers empowered.

SIGNATURE: *Jesse L. Wilcox III* **JUNE 29, 2000 (904) 765-2401**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2:337 (9/99)