

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90002 009 ****61.25

DOCUMENT # 729399

1. Entity Name

RABIA TEMPLE NO. 8 ANCIENT EGYPTIAN ARABIC ORDER

Principal Place of Business

Mailing Address

**3707 NORTH LIBERTY STREET
 P.O. BOX 41364
 JACKSONVILLE FL 32203-1403**

**3707 NORTH LIBERTY STREET
 P.O. BOX 41364
 JACKSONVILLE FL 32203 1403**

6 6 6 6 4 6



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7536446

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILCOX, JESSE
 11405 MANATEE DRIVE
 JACKSONVILLE FL 32218**

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.

(NOT Registered Agent's 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	RILEY, EDWARD D SR.	
STREET ADDRESS	P.O. BOX 40172	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORSEY, TRAVIS L	
STREET ADDRESS	12313 TIGER CREEK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRIMBLE, DONOVAN F	
STREET ADDRESS	5700 DIAMOND STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
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 type="checkbox"/> Delete
NAME	ROLLINS, ROBERT L SR.	
STREET ADDRESS	5037 PORTSMOUTH AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

[Handwritten Signature]

MAY 29, 2001

CR2E037 (10/00)