## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # C10021** 1. Entity Name HAINES CITY LODGE NO. 219 FREE AND ACCEPTED MASO 03-15-2000 90138 001 \*8,207.50 Mailing Address Principal Place of Business ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD 220 OCEAN ST 220 OCEAN ST JACKSONVILLE FL 32202-3218 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 23-7526466 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. 'D DIRECTORS IN 10 JUNIOR WARDEN JWD TITLE Change ☐ Addition TITLE Carl Robert White LEACH, THOMAS C NAME NAME 307 Pennsylvania St STREET ADDRESS 1701 COMMERCE AVE LOT 7 STREET ADOR Haines City F1 33844-3833 CITY-ST-ZIP CITY-ST-ZIP HAINES CITY FL 33844 -16-36-LE-HALL-Sq LARE-SCATA X Change ☐ Addition ☐ Delete TD TITLE CARPENTER, OLIVER L JR NAME LAKELAND, FLORIDA 33810 STREET ADDRESS STREET ADDRESS PO BOX 932 N/A CITY-ST-ZiP ~ CITY-ST-ZIP 5ATON PARK FL 33840-0932 WORSHIPFUL \*MASTER Delete **C**hange ☐ Addition WMD TITLE TITLE James Courtland Witcher MOZDZIERZ, MARK A NAME NAME STREET ADDRESS streét adore 1801 Angle Ave 2709 F D C GROVE ROAD CITY-ST-ZIP CITY-ST-ZIP Haines City F1 33844 DAVENPORT FL 33837 ☐ Addition SWD TITLE Change TITLE Addison Kent Burton NAME witcher, charles c NAME 328 5 2Nd 5t STREET ADDRE STREET ADDRESS 1801 ANGLE AVENUE CITY-ST-ZIP CITY-ST-ZIP Hainer City F1 33844-5114 HAINES CITY FL 33844 TITLE Change ☐ Addition SD ☐ Delete TITI F NAME CLANIN, ROBERT D NAME STREET ADDRESS STREET ADDRESS 25 RANCH TRAILS RD CITY-ST-ZIP CITY-ST-ZIP HAINES CITY FL 33844-9748 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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 attac with an address, with all other like empowered SIGNATURE: