

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91004 001 *1,715.00

DOCUMENT # C10057

1. Entity Name

**HOLYROOD LODGE NO. 257 FREE AND ACCEPTED MASONS
OF FLORIDA**



Principal Place of Business

**C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202**

Mailing Address

**C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6146064**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	MULLINS, DOYLE JR	
STREET ADDRESS	8434 BOXWOOD DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	GRUBER, JEFFERY W	
STREET ADDRESS	5115 GATEWAY DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	DROSSOS, NICHOLAS A	
STREET ADDRESS	3901 DORAL DR	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCALISTER, SCOTT	
STREET ADDRESS	12027 STEPPINGSTONE BLVD	
CITY-ST-ZIP	TAMPA FL 33635-6253	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, JOHN E	
STREET ADDRESS	8221 VASSAR CIRCLE	
CITY-ST-ZIP	TAMPA FL 33634-2275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffery William Gruber	
STREET ADDRESS	5115 Gateway Drive	
CITY-ST-ZIP	Tampa FL 33615	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nicholas A Drossos	
STREET ADDRESS	3901 DORAL DR	
CITY-ST-ZIP	TAMPA FL 33634	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald P Rymal	
STREET ADDRESS	4547 CASTAWAY DR	
CITY-ST-ZIP	TAMPA FL 33615-5162	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 *John E. Jackson* **SECRETARY** **JOHN E. JACKSON** **3-3-03** **813-884-8009**

CR2E037 (10/02)