

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90046 001 *6,125.00

DOCUMENT # C10068
 1. Entity Name
AUBURNDALDE LODGE NO. 135 FREE AND ACCEPTED MASON

| | | | |
|--|---------|---|---------|
| Principal Place of Business | | Mailing Address | |
| C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US | | C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-7526423** Applied For Not Applicable

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 | |
| SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE FL 32202 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

10. **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 | WMD | <input checked="" type="checkbox"/> Delete |
| NAME | THRUN, MAX W | |
| STREET ADDRESS | 108 MARJORIE AVE | |
| CITY-ST-ZIP | AUBURNDALDE FL 33823 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | NEWCOMB, ALLEN PAINE | |
| STREET ADDRESS | 433 SEAWANE CIR | |
| CITY-ST-ZIP | AUBURNDALDE FL 33823 | |
| TITLE | JWD | <input checked="" type="checkbox"/> Delete |
| NAME | THOMASON, JOHN W JR | |
| STREET ADDRESS | 30 OAKWOOD RD | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MATHEWS, HERMAN E | |
| STREET ADDRESS | 3015 REITER DR | |
| CITY-ST-ZIP | AUBURNDALDE FL 33823 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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"/> Addition |
| NAME | Jefferson Steven Richardson | |
| STREET ADDRESS | 114 Fredrick Ave. | |
| CITY-ST-ZIP | Dundee FL 33838 | |
| TITLE | SENIOR WARDEN (D) | Change <input checked="" type="checkbox"/> Addition |
| NAME | Max Wilmer Thrun | |
| STREET ADDRESS | 108 Marjorie Ave. | |
| CITY-ST-ZIP | Auburndale FL 33823-3821 | Change <input type="checkbox"/> Addition |
| TITLE | JUNIOR WARDEN (D) | <input checked="" type="checkbox"/> Addition |
| NAME | Oliver Morris Smith | |
| STREET ADDRESS | 3126 Strawberry Ln | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | Lakeland Fl 33801-9232 | |
| TITLE | SECRETARY (D) | <input checked="" type="checkbox"/> Addition |
| NAME | Timothy Wade Smith | |
| STREET ADDRESS | 414 Keat Dr | Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | Auburndale Fl 33823-3611 | |
| 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 signatara 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: *Timothy Wade Smith* **Timothy Smith** 3-14-00 8003752339
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)