

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10068

1. Entity Name

AUBURNDAL LODGE NO. 135 FREE AND ACCEPTED MASON

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90235 001 \*4,602.50

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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7526423

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete  
WMD  
RICHARDSON, JEFFERSON S  
STREET ADDRESS 114 FREDRICK AVE  
CITY-ST-ZIP DUNDEE FL 33838

TITLE NAME ☐ Change ☐ Addition  
SENIOR WARDEN (D) ☒ Change ☐ Addition  
Eugene Edward Summers  
STREET ADDRESS 309 Clayton Rd  
CITY-ST-ZIP Auburndale FL 33823-2506

TITLE NAME ☒ Delete  
SWD  
THRUN, MAX W  
STREET ADDRESS 108 MARJORIE AVE  
CITY-ST-ZIP AUBURNDAL FL 33823-3821

TITLE NAME ☐ Change ☐ Addition  
JUNIOR WARDEN (D) ☒ Change ☐ Addition  
Max Wilmer Thrun  
STREET ADDRESS 108 Marjorie Ave.  
CITY-ST-ZIP Auburndale FL 33823-3821

TITLE NAME ☒ Delete  
JWD  
SMITH, OLIVER M  
STREET ADDRESS 3126 STRAWBERRY LN  
CITY-ST-ZIP LAKELAND FL 33801-9232

TITLE NAME ☐ Change ☐ Addition  
TREASURER (D) ☒ Change ☐ Addition  
Aletius Theodore Miller  
STREET ADDRESS 209 Elmer St  
CITY-ST-ZIP Auburndale FL 33823-2508

TITLE NAME ☒ Delete  
SD  
SMITH, TIMOTHY W  
STREET ADDRESS 414 KEAT DR  
CITY-ST-ZIP AUBURNDAL FL 33823-3611

TITLE NAME ☐ Change ☐ Addition  
SECRETARY (D) ☒ Change ☐ Addition  
Herman Eugene Mathews  
STREET ADDRESS 3015 REITER DR  
CITY-ST-ZIP AUBURNDAL FL 33823

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)