

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

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

**DOCUMENT # C10091**

1. Entity Name  
**DUNNELLODGE NO. 136 FREE AND ACCEPTED MASONS**

Principal Place of Business <b>C/O ROY CONNOR SHEPPARD          220 OCEAN ST.          JACKSONVILLE FL 32202</b>	Mailing Address <b>C/O ROY CONNOR SHEPPARD          220 OCEAN ST.          JACKSONVILLE FL 32202</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>23-7178744</b>	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>SHEPPARD, ROY CONNOR          220 OCEAN STREET          JACKSONVILLE FL 32202</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD LUME, GENNARO 10121 N DERWIN WAY DUNNELLODGE FL 34434-3415</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition George Robert Young 6229 E RECTOR ST INVERNESS FL 34452-7956</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD ARNOLD, OLIVER F 3429 SW 167TH AVE OCALA FL 34481</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas Darnell Kinzer 7360 SW 199 Terrace Dunnellon FL 34431</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD YOUNG, GEORGE R 6229 E. RECTOR STREET INVERNESS FL 34452</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barry Ross Allen 10099 N CAMAE PT DUNNELLODGE FL 34433</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ALLEN, BARRY R 10099 N CAMAE PT DUNNELLODGE FL 34433</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gennaro Lume 10121 N. Darwin Way Citrus Springs FL 34434-3415</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PARSONS, RAY L 6344 SW 201TH AVE DUNNELLODGE FL 34431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED - GENNARO LUME, Sec. 3/23/01** **804-354-2339**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)