

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-29-2000 90046 001 \*6,125.00

**DOCUMENT # C10094**

1. Entity Name

**TROPICAL LODGE NO. 56 FREE AND ACCEPTED MASONS O**

Principal Place of Business

Mailing Address

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

C/O ROY CONNOR SHEPPARD  
 220 OCEAN ST.  
 JACKSONVILLE FL 32202-3218



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1385498**

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 STREET**  
**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.

TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	JOHNS, EDWARD D	
STREET ADDRESS	1651 GROVE AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOODYEAR, JAMES GEORGE	
STREET ADDRESS	13920 EAGLE RIDGE LAKES	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLYNN, BERNARD L JR	
STREET ADDRESS	1423 COVINGTON CIR SW	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RECORD, JAMES L	
STREET ADDRESS	5428 5TH AVE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDREW LINCOLN CHANDLER	
STREET ADDRESS	166 FAIRVIEW AVE.	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	JUNIOR WARDEN (D)	ORS IN 10
NAME	Thomas Joseph Gutknecht	Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10401 Morningside Lane	
CITY-ST-ZIP	Bonita Springs FL 33923	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert Hartford Andrews	
STREET ADDRESS	2194 Havana Ave	
CITY-ST-ZIP	Fort Myers FL 33905	
TITLE	WORSHIPFUL MASTER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Leroy Record	
STREET ADDRESS	1956 GULF VIEW DR # 2	
CITY-ST-ZIP	FORT MYERS FL 33901	
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: *James G. Goodyear*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **James G. Goodyear**  
 Date: **3/20/00** Daytime Phone #: **8003752335**

CR2E037 (9/99)