## 2001 UNIFORM BUSINESS REPORT (UBR)

## **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		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	-	

## FILED Apr 18, 2001 8:00 am Secretary of State

04-18-2001 90186 001 \*3,491.25

JACKSONVILL	ST. Le fl 32202		220 OCEAN ST. JACKSONVILLE FL 32202			I \$88(10)	I (111) 1(115) AA1II AA(50 (1	lihi dist dishi s	1811 81811 91811 S	IDIS BIDIS SDDI	
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Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.	Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		City & State	City & State		4. FEI Number 59-1385498				pplied For ot Applicable		
Zip	Zip Country Zip			Country	5. Certificate of Status Desired See Required Fee Required						
_	6. Name ar	nd Address of Current F	Registered Agent			7. Name and	Address of New	Registered	Agent		]
				Name							
				Street	Address (P	2 O. Boy Number	er is Not Acceptab	اها		<del></del>	-
	RD, ROY CON	NOR		Olicei	A001033 (1	.O. DOX Hairibe	ci is ivoi Acceptab	10)			1
	an Street						<u> </u>			·	7
JACKSON	WILLE FL 322	02						<del></del>	7.0		4
				City				FL	Zip Cod	e	l
8. The above	named entity s	upmits this statement for	the purpose of changing its r	egistered office	or registere	ed agent or hot	th, in the state of FI	lorida			1
o. me above	s named ontity o	donne uno statoment for	the perpose of changing its i	egistered office	or registere	od agent, or bot	an, in the state of the	iorida.			
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SIGNATURE		•	•								ĺ
SIGNATIONE :		printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent sign	nature required v	when reinstating)		DATE	-		
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	.iwn	OFFICERS AND DIR		11.	7	-	ANGES TO DEFICE	-			g
TITLE	JWD		ECTORS Delete	TITLE	WORS	- SHIPFUL	MASTER	(D)	RECTORS IN Change	I 10 Addition	(00/0
TITLE NAME	GUTKNECH	T, THOMAS J		TITLE NAME	WORS	SHIPFUL nard L∈	MASTER e Flynn	(D) Jr			7 (10/00)
TITLE NAME STREET ADDRESS	GUTKNECH 10401 MORI	T, THOMAS J NGSIDE LANE		TITLE NAME STREET ADDRESS	WORS Berr 1423	BHIPFUL nard Le 3 Covin	MASTER e Flynn gton Cir	(D) Jr SW	Change		:037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUTKNECH 10401 MORI BONITA SPE	T, THOMAS J	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORS Berr 1423	BHIPFUL nard Le 3 Covin	MASTER e Flynn	(D) Jr SW	Change	☐ Addition	32E037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	GUTKNECH 10401 MORI BONITA SPE SD	T, THOMAS J NGSIDE LANE RINGS FL 33923		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WORS Berri 1423 Ft.	SHIPFUL nard Le 3 Covin Myers	MASTER e Flynn gton Cir F1-33919	(D) Jr 5W -2002	Change		CR2E037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	GUTKNECH 10401 MORI BONITA SPI SD GOODYEAR	T, THOMAS J NGSIDE LANE RINGS FL 33923 , JAMES GEORGE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WORS Berr 1423 Ft.	SHIPFUL nard Le 3 Covin Myers	MASTER e Flynn gton Cir F1-33919 DEN	(D) Jr SW	Change	☐ Addition	CR2E037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GUTKNECH 10401 MORI BONITA SPI SD GOODYEAR 13920 EAGL	T, THOMAS J NGSIDE LANE RINGS FL 33923 , JAMES GEORGE E RIDGE LAKES	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WORS Berr 1423 Ft: SENI Samu	SHIPFUL nard Le 3 Covin Myers OR WARI	MASTER e Flynn gton Cir F1-33919 DEN nmerall	(D) Jr SW -2002	Change	☐ Addition	CR2E037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUTKNECH 10401 MORI BONITA SPF SD GOODYEAR 13920 EAGL FT. MYERS	T, THOMAS J NGSIDE LANE RINGS FL 33923 , JAMES GEORGE E RIDGE LAKES	©elete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORS Berr 1423 Ft: SENI Samu 1126	SHIPFUL nard Le 3 Covin Myers OR WARI 101 Sun	MASTER e Flynn gton Cir F1-33919 DEN nmerall ley-Lane-	(D) Jr SW -2002	Change	☐ Addition☐ Addition☐ Addition☐	CR2E037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	GUTKNECH 10401 MORI BONITA SPI SD GOODYEAR 13920 EAGL FT. MYERS SWD	T, THOMAS J NGSIDE LANE RINGS FL 33923 , JAMES GEORGE E RIDGE LAKES FL 33912	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WORS Berr 1423 Ft: SENI Samu 1126	SHIPFUL nard Le 3 Covin Myers OR WARI 101 Sun	MASTER e Flynn gton Cir F1-33919 DEN nmerall ley-Lane-	(D) Jr SW -2002	Change	☐ Addition	CR2E037 (10/00)
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12. I hereby certify that the information supplied with this filling 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.