

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10141

1. Entity Name

VERNON LODGE NO. 164 FREE AND ACCEPTED MASONS OF

Principal Place of Business

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
US

Mailing Address

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

4. FEI Number

23-7526436

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 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME JWD
STREET ADDRESS ANDERSON, HORACE D
CITY-ST-ZIP 4752L SMITH RD
VERNON FL 32462 ☒ Delete

TITLE
NAME WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
STREET ADDRESS Horace Duncan Anderson
CITY-ST-ZIP 4752 Smith Road
VERNON FL 32462

TITLE
NAME D
STREET ADDRESS HOWELL, JAMES STERLING
CITY-ST-ZIP 3991 DORCH CIRCLE
VERNON FL 33246 ☐ Delete

TITLE
NAME SENIOR WARDEN (D) ☒ Change ☐ Addition
STREET ADDRESS Robert William Albritton Jr.
CITY-ST-ZIP P O Box 914 N/A
Chipley FL 32428

TITLE
NAME T
STREET ADDRESS COOK, SR J PAUL
CITY-ST-ZIP P O BOX 95 N/A
VERNON FL 32462-0095 ☒ Delete

TITLE
NAME JUNIOR WARDEN (D) ☒ Change ☐ Addition
STREET ADDRESS John Robert Flatner
CITY-ST-ZIP 1058 Highway 277
Chipley FL 32428

TITLE
NAME DS
STREET ADDRESS KOEPP, RAYMOND ORAL
CITY-ST-ZIP 4963 BURNES LAKE RD
CARYVILLE FL 32427 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Raymond O. Koepf 3-16-00 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)