## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # C10143** 1. Entity Name DIXIE LODGE NO. 109, FREE AND ACCEPTED MASONS OF 04-25-2001 90235 001 \*4,602.50 Principal Place of Business Mailing Address ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD 3 8 8 Z 1 220 OCEAN ST. 220 OCEAN ST. JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1652886 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE FL 32202 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. WMD **Change** ☐ Addition TITLE Delete TITS F WORSHIPFUL MASTER MAYO, JAMES C NAME NAME Brigham Samuel Shuler STREET ADDRESS P O BOX 658 STREET ADDRESS Rt 3 Box 365 CITY-ST-ZIP **BLOUNTSTOWN FL 32424** CITY-ST-ZIP Bristol FL 32321 SWD ☐ Change Delete ☐ Addition TITLE TITLE EDENFIELD, RUSSELL H NAME NAME SENIOR WARDEN RT 1 BOX 151-D STREET ADDRESS STREET ADDRESS Robert Shelton Davis CITY-ST-ZIP **BRISTOL FL 32321** CITY-ST-ZIP 'RR 2-8ox 981A TITLE Delete TITLE ☐ Addition ≥Blountstown FL 32424-9566 MILLETTE, CRAIG R NAME NAME P O BOX 446 STREET ADDRESS STREET ADDRESS JUNIOR WARDEN CITY-ST-ZIP CITY-ST-7IP HOSFORD FL 32334 Joseph Brian Bateman TITLE □ Delete TITLE ☐ Change ■ Addition P O Box 747 *N/A* FRYE, HALLEY H NAME NAME Bristol Fl 32521 STREET ADDRESS P O BOX 165 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BLOUNTSTOWN FL 32424** TITLE Delete TITLE ☐ Change Addition MORRIS JR, CHARLES R NAME NAME STREET ADDRESS P O BOX 693 STREET ADDRESS CITY-ST-ZIP BRISTOL FL 32321-0693 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 wi Brigham S. Shuler, W.M.