

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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



DO NOT WRITE IN THIS SPACE

**DOCUMENT # C10156**

1. Entity Name  
**MARION-DUNN LODGE NO. 19 FREE AND ACCEPTED MASON**

Principal Place of Business <b>C/O ROY CONNER SHEPPARD          220 OCEAN ST          JACKSONVILLE FL 32202</b>		Mailing Address <b>C/O ROY CONNER SHEPPARD          220 OCEAN ST          JACKSONVILLE FL 32202-3218</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-1381586**

Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>SHEPPARD, ROY CONNOR          220 OCEAN ST          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 \_\_\_\_\_ (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. JUNIOR WARDEN (D) DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD BARTMAN, PAUL S 5114 SW 31ST ST OCALA FL 34474</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Russell Eugene Poehlman ] Change <input checked="" type="checkbox"/> Addition 5445 N E Jax Rd Ocala FL 34479-1744</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PERKINS, RUSS L 5449 NE JACKSONVILLE RD OCALA FL 34479</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WILSON, PAUL E JR 604 SE 51ST AVE OCALA FL 34471-3387</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JEFFCOAT, HOWARD T P O BOX 744 N/A OCALA FL 34478-0744</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR WARDEN (D) ] Change <input checked="" type="checkbox"/> Addition Paul Steven Bartman 5114 SW 31st St Ocala FL 34474-4235</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Howard T. Jeffcoat* **Howard T. Jeffcoat** **Secretary** **3/20/00** **8003752339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)