

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90138 001 *8,207.50

DOCUMENT # C10184

1. Entity Name

JOHN DARLING LODGE NO. 154 FREE AND ACCEPTED MAS

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**

11290



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

59-0255598

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD GALLO, PAUL R 4231 AUTUMN LEAVES DR TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOPER, THEODORE GLEN 4318 W. CORONA STREET TAMPA FL 33629-7712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD HITCHCOCK, THOMAS R 15502 GRANDBY PL TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD BROWN, RICHARD D 2910 WEST LAKE AVENUE TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POTTER, FRANK R 7731 HINSDALE DRIVE TAMPA FL 33615	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Thomas Ray Hitchcock		
STREET ADDRESS	15502 Granby Pl		
CITY-ST-ZIP	Tampa Fl 33624-1572		
TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Richard Dale Brown		
STREET ADDRESS	2910 West Lake Avenue		
CITY-ST-ZIP	Tampa Fl 33607-6340		
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	James Joseph T Blum		
STREET ADDRESS	4155 Rolling Springs Dr		
CITY-ST-ZIP	Tampa Fl 33624		
TITLE	TREASURER (D)	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Miguel Cuervo Sr		
STREET ADDRESS	8611 Brookway Circle		
CITY-ST-ZIP	Tampa Fl 33635		
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: *Theodore G. Cooper* **Sec.** *3/4/2000 (813) 839-6466*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)