

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10218

1. Entity Name

PINE HILL LODGE NO. 9 FREE AND ACCEPTED MASONS O

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90567 001 *2,695.00

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202-3218

2. Principal Place of Business

3. Mailing Address

Co Rd 18 East
Suite, Apt. #, etc.

7886 SW. Co 18
Suite, Apt. #, etc.

City & State

Broken, Fla

City & State

Hopkinton, N.H.

Zip

32622

Country

United

Zip

32046

Country

United

4. FEI Number

23-7526333

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPPARD, ROY C
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. VOTERS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD KIRBY, BRUCE W 10831 SW 85TH COURT GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD CRUSE, ROSCOE B 15721 N.W. COUNTRY ROAD 231 GAINESVILLE FL 32609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TETSTONE, OTIS 12102 SW COUNTY RD 235A BROOKER FL 32622-3012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HODGES, JR., EVAN WINFIELD P.O. BOX 1262 N/A STARKE FL 32091-1262	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) Joel Turner Ellis RT 2 BOX 762 LAKE BUTLER FL 32054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) Bruce W Kirby 10831 SW 85th Ct Gainesville FL 32608-5859	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) Roscoe B Cruse 15721 N W Country Rd 231 Gainesville FL 32609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *Joel T. Ellis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *3-21-2000* Daytime Phone #: *352 468-1869*

CR2E037 (9/99)