

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90286 038 *****61.25

DOCUMENT # C10218

1. Entity Name

PINE HILL LODGE NO. 9 FREE AND ACCEPTED MASONS O

Principal Place of Business

ROY CONNOR SHEPPARD
 CO. RD 18 EAST
 BROOKER FL 32622

Mailing Address

ROY CONNOR SHEPPARD
 7806 SW CO 18
 HAMPTON FL 32044

2. Principal Place of Business

Roy Connor Sheppard
 Suite, Apt. #, etc.
 220 Ocean St
 City & State
 Jacksonville FL
 Zip
 32202

3. Mailing Address

Roy Connor Sheppard
 Suite, Apt. #, etc.
 220 Ocean St
 City & State
 Jacksonville, FL
 Zip
 32202



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7526333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHEPPARD, ROY C
 220 OCEAN STREET
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

TITLE	JWD	<input type="checkbox"/> Delete
NAME	KIRBY, BRUCE W	
STREET ADDRESS	10831 SW 85TH COURT	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	WMD	<input type="checkbox"/> Delete
NAME	ELLIS, JOEL T	
STREET ADDRESS	RT 2 BOX 762	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TETSTONE, OTIS	
STREET ADDRESS	12102 SW COUNTY RD 235A	
CITY-ST-ZIP	BROOKER FL 32622-3012	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HODGES, JR., EVAN WINFIELD	
STREET ADDRESS	P.O. BOX 1262 N/A	
CITY-ST-ZIP	STARKE FL 32091-1262	
TITLE	SWD	<input type="checkbox"/> Delete
NAME	CRUSE, ROSCOE B	
STREET ADDRESS	15721 N W COUNTRY RD 231	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Leon Holder	
STREET ADDRESS	214 W Mimosa Dr	
CITY-ST-ZIP	Starke FL 32091-3502	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Robert L. Holder

Robert L. Holder, Secretary

1 MAY 01

904-741 7704

CR2E037 (10/00)