## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N00000005063 1. Entity Name PALMWOOD LODGE NO. 303 FREE AND ACCEPTED MASONS OF FLORIDA

**FILED** May 30, 2001 8:00 am Secretary of State

05-30-2001 90219 001 \*\*\*490.00

|  | •                  |  |   |              |  | V             |  |               |                                   |                        |  |
|--|--------------------|--|---|--------------|--|---------------|--|---------------|-----------------------------------|------------------------|--|
| Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202  |                    |  | Mailing Address ROY CONNOR SHEPP 220 OCEAN STREET JACKSONVILLE FL |              | ET   |               |  | 738           | 3 3                               |                        |  |
| 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<br>65-1015035                          | <del></del> - | Applied For Not Applicable        |                        |  |
| Zip  |                    | Country                                | Zip   | Cour         | ntry   |               | 5. Certificate of Status Desired                     |               | \$8.75 Additional<br>Fee Required |                        |  |
|  | Registered Agent   | ٠                                      |   |              | 7. Name and Address of New R                       | egistered /   | Agent  |               |                                   |                        |  |
|  |                    |  |   | Name         |  |               |  |               |                                   |                        |  |
| ROY CONNOR SHEPPARD 220 OCEAN STREET   |                    |  |   |              | Street Address (P.O. Box Number is Not Acceptable) |               |  |               |                                   |                        |  |
| JACKSONVILLE FL 32202  |                    |  | 2   |              |  |               |  |               |                                   |                        |  |
|  |                    |  |   |              | City   |               |  | FL            | Zip Cod                           | de                     |  |
| 8 The above  | named entity       | submits this statement for             | the numose of changing its  | registers    | ed office or a                                     | renisterad    | Lagent, or both, in the State of Flo                 | rida          |                                   |                        |  |
| 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 o | or printed name of registered agent an | d little if applicable. (NOT:                                     | Registere    | d Agent signatur                                   | e required wh | nen reinstating)                                     | DATE          |                                   |                        |  |
|  |                    |  | and managed to see the second                                     | Agric States | molecula Propin                                    | -2-900 Ganko  | 16.00  |               |                                   |                        |  |
| 9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)    Make Check Payal let to  |                    |  |   |              |  | 50.00.        | 10. Election Campaign Fin<br>Trust Fund Contribution |               |                                   | 00 May Be<br>d to Fees |  |
| 11.  |                    | OFFICERS AND D                         |   | 12.          | restant been                                       |               | ADDITIONS/CHANGES TO OFF                             | CERS AND      | DIRECTOR                          | RS IN 11               |  |
| TITLE  |                    | 0.1,00.107.10                          | Delete  | TITLE        |  |               | SHIPFUL MASTER                                       | (D)           | Change                            | Addition               |  |
| NAME   |                    | _                                      | - Delete  | NAM          | (  |               | S D. HAINES  | ( )           | onlings                           |                        |  |
| STREET ADDRESS   |                    | ,                                      | •   | 8            | ET ADDRESS   | 624           | VALLEY FORGE RI                                      | ).            |                                   |                        |  |
| CITY-ST-ZIP  |                    |  | •   | CITY         | -ST-ZIP  |               | PALM BEACH FL  | 3340          | 05                                |                        |  |
| TITLE  |                    | <del></del>                            | ☐ Delete  | TITLE        |  | SENI          | OR WARDEN  | (D)           | Change                            | Addition               |  |
| NAME   |                    |  | _ 45550   | NAM          | - }  | _             | IAM D. HOLLYWOO                                      |               |                                   |                        |  |
| STREET ADDRESS   |                    |  |   | STRE         | ET ADDRESS   |               | BROADWAY   |               |                                   |                        |  |
| CITY-ST-ZIP  |                    |  |   | CITY         | -ST-ZIP  | WEST          | PALM BEACH FL  | 3340          | <b>)7</b>                         |                        |  |
| YITLE  |                    |  | ☐ Delete  | TITLE        |  | JUNI          | OR WARDEN (I   | ))            | ☐ Change                          | Addition               |  |
| NAME   |                    |  |   | NAM!         | E  | EMIL          | IO DIAMANTIS   | ·             |                                   | j                      |  |
| STREET ADDRESS   |                    |  | ·   | _ STRE       | ET ADDRESS   | .5.9.4.,_     | EASY ST.   |               | ·                                 |                        |  |
| CITY-ST-ZIP  |                    |  |   | CITY-        | -ST-ZIP  | WEST          | PALM BEACH FL  | 3340          | )6                                |                        |  |
| TITLE  |                    |  | Delete ,  | TITLE        | . ]  | TREA          | SURER (D)  |               | Change                            | Addition               |  |
| NAME   |                    |  |   | NAM          | J  |               | EMORY AKINS  |               |                                   | ļ                      |  |
| STREET ADDRESS (<br>CITY - ST-ZIP  |                    |  | •   | 8            | ET ADDRESS   |               | WINTER PARK LAN                                      |               |                                   |                        |  |
|  |                    | <del></del>                            |   | #            |  |               | BEACH GARDENS  | <u>F'L 3</u>  | <u>33410</u>                      | F3                     |  |
| TITLE<br>NAME  |                    |  | ☐ Delete  | TITLE        | 1  |               | ETARY (D)  |               | ☐ Change                          | Addition               |  |
| STREET ADDRESS   |                    |  |   | NAME         | ET ADDRESS   | JIM :         | P. BAILEY<br>ARBOR WAY                               |               |                                   |                        |  |
| CITY-ST-ZIP  |                    |  | •   | И            | -ST-ZIP  | PAT.M         | BEACH GARDENS,                                       | ${	t FL}$     | 33410                             |                        |  |
| TITLE  |                    |  | □ Delete  | TITLE        |  |               |  |               | ☐ Change                          | Addition               |  |
| NAME   |                    | •                                      | Delete  | NAME         |  |               |  |               | 0                                 |                        |  |
| STREET ADDRESS   |                    |  |   | ĺ.           | ET ADDRESS   |               |  |               |                                   |                        |  |
| CITY-ST-ZIP  |                    |  |   | CITY-        | ST-ZIP   |               |  |               |                                   | 1                      |  |
| 13.   hereby c   | ertify that the    | information supplied with the          | his filing does not qualify i or                                  | the exer     | nption state                                       | d in Section  | on 119,07(3)(i), Florida Statutes.                   | further cer   | tify that the i                   | information            |  |
| 13. I hereby certify that the information supplied with this filing does not qualify it in 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if |                    |  |   |              |  |               |  |               |                                   |                        |  |
| changed, or on an attachment with an address, with all other like empowered.  Tim P. Bailey  |                    |  |   |              |  |               |  |               |                                   |                        |  |
| CLONATURE (XIM & Bailey  |                    |  |   |              |  |               |  |               |                                   |                        |  |
| SIGNATURE: \( \( \text{Sign} \tau - \text{Douley} \), Secretary \( \text{5/16/01} \) 904-354-2339  |                    |  |   |              |  |               |  |               |                                   |                        |  |