

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10115

1. Entity Name

OLIN S. WRIGHT LODGE NO. 79 FREE AND ACCEPTED MA

Principal Place of Business

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSSONVILLE FL 32202

Mailing Address

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSSONVILLE FL 32202-3218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7526377

Applied For

Not Applicable

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 ST
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.

TITLE JWD
NAME FORD, JAMES W
STREET ADDRESS 2206 PARKWOOD DR
CITY-ST-ZIP VALRICO FL 33594

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JUNIOR WARDEN (D)

ORS IN 10

Eddie Dwayne Stephens Sr
10513 Bayhill Circle
Thonotosassa FL 33592

☐ Change ☒ Addition

TITLE SD
NAME MAY, ROBERT A
STREET ADDRESS P O BOX 1539 N/A
CITY-ST-ZIP PLANT CITY FL 33564-1539

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SAURENCY, TIMOTHY L
STREET ADDRESS 2808 N BLAIN RD
CITY-ST-ZIP PLANT CITY FL 33565-8927

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SENIOR WARDEN (D)

James Wesley Ford
2206 Parkwood Dr
Valrico FL 33594

☐ Change ☒ Addition

TITLE D
NAME RUPP, IRVIN E
STREET ADDRESS 1908 E CAROL DR
CITY-ST-ZIP PLANT CITY FL 33566-2720

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME LYTLE, MICHAEL E
STREET ADDRESS 6601 STAFFORD OAKS PL
CITY-ST-ZIP PLANT CITY FL 33565-8010

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

ROBERT A. MAY 3/3/00 752-8061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)