

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90138 001 *8,207.50

DOCUMENT # C10168

1. Entity Name

PINE CASTLE LODGE NO. 368 FREE AND ACCEPTED MASO

Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202
 US

C/O ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202-3218
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7526579

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. OFFICERS AND DIRECTORS IN 10

TITLE **JWD**
 NAME **ROBINSON, TERRY P**
 STREET ADDRESS **9887 PINEY POINT CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32825**
☒ Delete

TITLE **JUNIOR WARDEN** (D) ☒ Change ☐ Addition
 NAME **JESUS L PEREZ**
 STREET ADDRESS **2337 HARBOR TOWN DR**
 CITY-ST-ZIP **KISSIMMEE FL 34744**
☐ Change ☐ Addition

TITLE **SD**
 NAME **ROUSE, ALFRED J III**
 STREET ADDRESS **939 ROCK OAK DR**
 CITY-ST-ZIP **ORLANDO FL 32809**
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE **D**
 NAME **ESTES, ELBERT R**
 STREET ADDRESS **8165 PALM HARBOR WAY**
 CITY-ST-ZIP **ORLANDO FL 32822**
☒ Delete

TITLE **SENIOR WARDEN** (D) ☒ Change ☐ Addition
 NAME **Terry Paul Robinson**
 STREET ADDRESS **1435 BAYHEAD CT**
 CITY-ST-ZIP **Orlando FL 32825**
☐ Change ☐ Addition

TITLE **D**
 NAME **NICHOLLS, THOMAS O**
 STREET ADDRESS **106 JAMES TOWN DR APT D**
 CITY-ST-ZIP **WINTER PARK FL 32792**
☒ Delete

TITLE **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
 NAME **Thomas Owen Nicholls**
 STREET ADDRESS **3241 CARDIGAN CT**
 CITY-ST-ZIP **ORLANDO FL 32812**
☐ Change ☐ Addition

TITLE **TD**
 NAME **MAPES, JOHN L**
 STREET ADDRESS **300 E CHURCH STREET**
 CITY-ST-ZIP **ORLANDO FL 32801**
☐ 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: **ALFRED J. ROUSE, III**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00
 Date

407-855-8757
 Daytime Phone #

CR2E037 (9/99)