

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10038

1. Entity Name

SEBRING LODGE NO. 249 FREE AND ACCEPTED
MASONS OF FLORIDA

Principal Place of Business

ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE FL 32202

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE FL 32202

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

59-1651185

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

ROY CONNOR SHEPPARD
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
WORSHIPFUL MASTER (D)	BARRY E. WAITE	2137 SULLIVAN ST.	SEBRING, FL 33872-6482		
SENIOR WARDEN (D)	DONEL H. DAY	1153 HAWTHORNE DR.	SEBRING, FL 33870		
JUNIOR WARDEN (D)	KENNETH WILLIAMS	P. O. BOX 589 N/A	SEBRING, FL 33871		
TREASURER (D)	F. EUGENE WAITE	4802 ORANGE BLVD.	SEBRING, FL 33870		
SECRETARY (D)	RONALD L. NELSON	1309 OAKWOOD DRIVE	SEBRING, FL 33870		

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: Ronald L. Nelson 7-18-00 863-385-3364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #