

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10038

1. Entity Name

SEBRING LODGE NO. 249 FREE AND ACCEPTED MASONS O

Principal Place of Business

ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202

Mailing Address

ROY CONNOR SHEPPARD  
220 OCEAN ST.  
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

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |                                            |
|----------------|-----------------------|--------------------------------------------|
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | WAITE, BARRY E        |                                            |
| STREET ADDRESS | 2137 SULLIVAN ST      |                                            |
| CITY-ST-ZIP    | SEBRING FL 33872-6482 |                                            |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | DAY, DONELD H         |                                            |
| STREET ADDRESS | 1153 HAWTHORNE DR     |                                            |
| CITY-ST-ZIP    | SEBRING FL 33870      |                                            |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | WILLIAMS, KENNETH     |                                            |
| STREET ADDRESS | PO BOX 589            |                                            |
| CITY-ST-ZIP    | SEBRING FL 33871      |                                            |
| TITLE          | TD                    | <input type="checkbox"/> Delete            |
| NAME           | WAITE, F. EUGENE      |                                            |
| STREET ADDRESS | 4802 ORANGE BLVD.     |                                            |
| CITY-ST-ZIP    | SEBRING FL 33870      |                                            |
| TITLE          | SD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | NELSON, RONALD L      |                                            |
| STREET ADDRESS | 1309 OAKWOOD DR       |                                            |
| CITY-ST-ZIP    | SEBRING FL 33870      |                                            |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY-ST-ZIP    |                       |                                            |

|                |                       |                                                                              |
|----------------|-----------------------|------------------------------------------------------------------------------|
| TITLE          | WORSHIPFUL MASTER (D) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Donel Hugh Daff       |                                                                              |
| STREET ADDRESS | 404 ROSE AVE          |                                                                              |
| CITY-ST-ZIP    | SEBRING FL 33870-2941 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE          | SECRETARY (D)         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Desha Oakes Van Every |                                                                              |
| STREET ADDRESS | 276 Whip-Poor-Will Dr |                                                                              |
| CITY-ST-ZIP    | Sebring FL 33872      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE          | JUNIOR WARDEN (D)     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Everett Charles Weeks |                                                                              |
| STREET ADDRESS | 216 Longview Road     |                                                                              |
| CITY-ST-ZIP    | Sebring FL 33870      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |                                                                              |
| STREET ADDRESS |                       |                                                                              |
| CITY-ST-ZIP    |                       | <input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90186 001 \*3,491.25

37174



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)