

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10115

1. Entity Name

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

Principal Place of Business

Mailing Address

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

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSSONVILLE 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

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE JWD ☒ Delete
NAME STEPHENS, EDDIE D SR
STREET ADDRESS 10513 BAYHILLS CIRCLE
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
NAME James Wesley Ford
STREET ADDRESS 2206 Parkwood Dr
CITY-ST-ZIP Valrico FL 33594

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

TITLE SENIOR WARDEN (D) ☒ Change ☐ Addition
NAME Eddie Dewayne Stephens Sr
STREET ADDRESS 3410 W RISK ST
CITY-ST-ZIP PLANT CITY FL 33567

TITLE SWD ☒ Delete
NAME FORD, JAMES W
STREET ADDRESS 2206 PARKWOOD DRIVE
CITY-ST-ZIP VALRICO FL 33594

TITLE JUNIOR WARDEN (D) ☒ Change ☐ Addition
NAME Robert Wesley Rounds
STREET ADDRESS 112 W Bate St
CITY-ST-ZIP Plant City FL 33566

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Ford, W.M.

4/2/01

813

451-1864

Date

Daytime Phone #

CR2E037 (10/00)