

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10018

1. Entity Name

MALONE LODGE NO. 224 FREE AND ACCEPTED MASONS OF

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90235 001 *4,602.50

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

23-7526469

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
NAME SD
STREET ADDRESS TOMPKINS, FRANCIS D
CITY-ST-ZIP 6694 WOLF POND RD.
BASCAM FL 32423-9378 ☐ Delete

TITLE
NAME SENIOR WARDEN (D) ☒ Change ☐ Addition
STREET ADDRESS Leslie E Myers
CITY-ST-ZIP Po Box 2 N/A
Malone FL 32445 ☐ Change ☐ Addition

TITLE
NAME WMD
STREET ADDRESS BAXTER, EARNEST E
CITY-ST-ZIP P.O. BOX 262 N/A
GREENWOOD FL 32443-0262 ☐ Delete

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

TITLE
NAME SWD
STREET ADDRESS BESCZEZYNSKI, DERWARD
CITY-ST-ZIP 4359 W SOUTH ST
MARIANNA FL 32446 ☒ Delete

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

TITLE
NAME JWD
STREET ADDRESS HAMILTON, JOHN H
CITY-ST-ZIP 3232 SANDRIDGE ROAD
SNEADS FL 32460 ☐ Delete

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

TITLE
NAME TD
STREET ADDRESS TATOM, CHARLES F
CITY-ST-ZIP P O BOX 154 N/A
GREENWOOD FL 32443-0154 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis D. Tompkins, Sec.

4/2/01

850-592-2685

Date

Daytime Phone #

CR2E037 (10/00)