

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

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

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

**DOCUMENT # C10028**

1. Entity Name

**WEST FLORIDA LODGE NO. 210 FREE AND ACCEPTED MAS**

Principal Place of Business

Mailing Address

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

C/O 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

**23-7526460**

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 **JWD** ☒ Delete  
NAME **PAGE, CHARLES E**  
STREET ADDRESS **1133 HIGHWAY 95A SOUTH**  
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
NAME **Charles Edward Page**  
STREET ADDRESS **1133 Hwy 95A South**  
CITY-ST-ZIP **Cantonment FL 32533**

TITLE **SD** ☐ Delete  
NAME **SHELBY, JAMES I**  
STREET ADDRESS **P O BOX 277 N/A**  
CITY-ST-ZIP **MOLINO FL 32577**

TITLE **SENIOR WARDEN (D)** ☒ Change ☐ Addition  
NAME **Daniel Floyd Rudd**  
STREET ADDRESS **3240 Hwy 97**  
CITY-ST-ZIP **Molino FL 32577**

TITLE **SWD** ☒ Delete  
NAME **MILLER, JOHN P**  
STREET ADDRESS **1524 WATSON ROAD**  
CITY-ST-ZIP **JAY FL 32565**

TITLE **JUNIOR WARDEN (D)** ☒ Change ☐ Addition  
NAME **John Wayne Roney**  
STREET ADDRESS **P O Box 363 N/A**  
CITY-ST-ZIP **Jay FL 32565**

TITLE **WMD** ☒ Delete  
NAME **GLASS, HOYT B**  
STREET ADDRESS **3615 WILDER RD**  
CITY-ST-ZIP **CANTONMENT FL 32533-4731**

TITLE **TREASURER (D)** ☒ Change ☐ Addition  
NAME **James Lawrence King**  
STREET ADDRESS **6231 Fairground Rd**  
CITY-ST-ZIP **Molino FL 32577**

TITLE **TD** ☒ Delete  
NAME **HUGGINS, LUTHER C**  
STREET ADDRESS **3288 HUGHWAY 29 NORTH**  
CITY-ST-ZIP **CANTONMENT FL 32533-9509**

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:

*James I Shelby, Sec.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

Date

850-587-5443

Daytime Phone #

CR2E037 (10/00)