

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90138 001 \*8,207.50

**DOCUMENT # C10031**

1. Entity Name  
**SAINT ANDREWS LODGE NO. 212 FREE ANDD ACCEPTED M**

Principal Place of Business      Mailing Address  
**C/O ROY CONNOR SHEPPARD**      **C/O ROY CONNOR SHEPPARD**  
**220 OCEAN ST.**      **220 OCEAN ST.**  
**JACKSONVILLE FL 32202**      **JACKSONVILLE FL 32202-3218**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**59-1379644**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR**  
**220 OCEAN STREET**  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>JWD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLARD, ARNOLD S</b>	
STREET ADDRESS	<b>133 HALF ACRE LANE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32413-2208</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HIGHTOWER, ROY A</b>	
STREET ADDRESS	<b>2513 W 27TH ST</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405-2108</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REDD, MITCHELL H</b>	
STREET ADDRESS	<b>3700 W 22ND PLAZA</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RANDOLPH, GUY K</b>	
STREET ADDRESS	<b>16232 E LULLWATER DR</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32413</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>GIVENS, JOHN R</b>	
STREET ADDRESS	<b>1000 W 12TH CT</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401-2013</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. DIRECTORS IN 10

TITLE	<b>JUNIOR WARDEN</b>	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jay Lee Hill</b>	
STREET ADDRESS	<b>2805 W 22nd St</b>	
CITY-ST-ZIP	<b>Panama City FL 32405</b>	
TITLE	<b>SENIOR WARDEN</b>	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Paul Eugene Kirkpatrick</b>	
STREET ADDRESS	<b>221 N MacArthur Ave</b>	
CITY-ST-ZIP	<b>Panama City FL 32401-3861</b>	
TITLE	<b>WORSHIPFUL MASTER</b>	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Guy Keith Randolph</b>	
STREET ADDRESS	<b>16232 E Lullwater Dr</b>	
CITY-ST-ZIP	<b>Panama City Beach FL 32413</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Roy A. Hightower*      **SIGNATURE REQUIRED**      **Roy A. Hightower**      3/1/2000      (850) 785-0051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)