

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10038

1. Entity Name

SEBRING LODGE NO. 249 FREE AND ACCEPTED
MASONS OF FLORIDA

FILED

00 AUG -3 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL. 32202	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1651185	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE FL 32202

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					WORSHIPFUL MASTER (D)	BARRY E. WAITE	2137 SULLIVAN ST.	SEBRING, FL 33872-6482		
					SENIOR WARDEN (D)	DONEL H. DAY	1153 HAWTHORNE DR.	SEBRING, FL 33870		
					JUNIOR WARDEN (D)	KENNETH WILLIAMS	P. O. BOX 589 N/A	SEBRING, FL 33871		
					TREASURER (D)	F. EUGENE WAITE	4802 ORANGE BLVD.	SEBRING, FL 33870		
					SECRETARY (D)	RONALD L. NELSON	1309 OAKWOOD DRIVE	SEBRING, FL 33870		

B. REGISTER AUG 3 2000

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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: *Ronald L. Nelson* 7-18-00 863-385-3364
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #