

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # C10038**

1. Entity Name

**SEBRING LODGE NO. 249 FREE AND ACCEPTED MASONS O**

Principal Place of Business <b>ROY CONNOR SHEPPARD          220 OCEAN ST.          JACKSONVILLE FL 32202</b>	Mailing Address <b>ROY CONNOR SHEPPARD          220 OCEAN ST.          JACKSONVILLE FL 32202</b>
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**37174**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-1651185</b>	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required		
Zip	Country	Zip	Country

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WAITE, BARRY E</b> <b>2137 SULLIVAN ST</b> <b>SEBRING FL 33872-6482</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAY, DONELD H</b> <b>1153 HAWTHORNE DR</b> <b>SEBRING FL 33870</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, KENNETH</b> <b>PO BOX 589</b> <b>SEBRING FL 33871</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WAITE, F. EUGENE</b> <b>4802 ORANGE BLVD.</b> <b>SEBRING FL 33870</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>NELSON, RONALD L</b> <b>1309 OAKWOOD DR</b> <b>SEBRING FL 33870</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WORSHIPFUL MASTER (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Donel Hugh Daff</b> <b>404 ROSE AVE</b> <b>SEBRING FL 33870-2941</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Desha Oakes Van Every</b> <b>276 Whip-Poor-Will Dr</b> <b>Sebring FL 33872</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUNIOR WARDEN (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Everett Charles Weeks</b> <b>216 Longview Road</b> <b>Sebring FL 33870</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X Desha Oakes Van Every* Sec. *Donel Daff* *3/22/01* *863 655 0277*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)