

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10038

1. Entity Name

SEBRING LODGE NO. 249 FREE AND ACCEPTED MASONS O

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

59-1651185

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

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donel Hugh Daff	
STREET ADDRESS	404 ROSE AVE	
CITY-ST-ZIP	SEBRING FL 33870-2941	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Desha Oakes Van Every	
STREET ADDRESS	276 Whip-Poor-Will Dr	
CITY-ST-ZIP	Sebring FL 33872	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Everett Charles Weeks	
STREET ADDRESS	216 Longview Road	
CITY-ST-ZIP	Sebring FL 33870	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-18-2001 90186 001 *3,491.25

37174



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)