

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # C10043**

1. Entity Name

TAMPA BAY LODGE NO. 252 FREE AND ACCEPTED MASONS**FILED**
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90046 001 *6,125.00



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7526487

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$61.259. 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 **D** ☒ Delete
NAME **ROCHA, RALPH J**
STREET ADDRESS **519 HUMPHRIES RD**
CITY-ST-ZIP **SAFETY HARBOR FL 34695-4921**

TITLE **SWD** ☒ Delete
NAME **RHODES, ANTHONY E**
STREET ADDRESS **1920 BETTY LANE, N**
CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE **D** ☒ Delete
NAME **BETHEL, EDWARD V JR**
STREET ADDRESS **4418 CLEARWATER HBR DR**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **JWD** ☒ Delete
NAME **FOSTER, ANDREW J III**
STREET ADDRESS **10263 GANDY BLVD**
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **TD** ☒ Delete
NAME **WHALEN, RICHARD J SR**
STREET ADDRESS **P.O. BOX 803 N/A**
CITY-ST-ZIP **OZONA FL 34660-0803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. SECRETARY AND DIRECTORS IN 10

TITLE **SECRETARY** (D) ☒ Change ☐ Addition
NAME **Ralph James Rocha**
STREET ADDRESS **519 Humphries Road**
CITY-ST-ZIP **Safety Harbor FL 34695-4921**

TITLE **SENIOR WARDEN** (D) ☒ Change ☐ Addition
NAME **Andrew Jackson Foster III**
STREET ADDRESS **7000 COMMODORE DR**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
NAME **Anthony E Rhoades**
STREET ADDRESS **1920 Betty Ln N**
CITY-ST-ZIP **Clearwater FL 34615**

TITLE **JUNIOR WARDEN** (D) ☒ Change ☐ Addition
NAME **Bruce Stephen Moir**
STREET ADDRESS **2912 Edenwood St**
CITY-ST-ZIP **Clearwater FL 33759-2701**

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:

R. James Rocha**3/1/2000****727-724-9088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)