

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90235 001 *4,602.50

DOCUMENT # C10043

1. Entity Name

TAMPA BAY LODGE NO. 252 FREE AND ACCEPTED MASONS

Principal Place of Business

C/O ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE FL 32202

Mailing Address

C/O ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE FL 32202

38851



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

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 \$61.25

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 **SD** ☒ Delete
 NAME **ROCHA, RALPH J**
 STREET ADDRESS **519 HUMPHRIES RD**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695-4921**

TITLE **WORSHIPFUL MASTER (D)** ☐ Change ☐ Addition
 NAME **Andrew Jackson Foster III**
 STREET ADDRESS **3157 Lake Valencia Lane E**
 CITY-ST-ZIP **Palm Harbor FL 34684**

TITLE **SWD** ☒ Delete
 NAME **FOSTER III, ANDREW J**
 STREET ADDRESS **9000 COMMODORE DR**
 CITY-ST-ZIP **SEMINOLE FL 33776**

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

TITLE **WMD** ☒ Delete
 NAME **RHOADES, ANTHONY E**
 STREET ADDRESS **1920 BETTY LN N**
 CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE **JUNIOR WARDEN (D)** ☐ Change ☐ Addition
 NAME **David Michael Woolley**
 STREET ADDRESS **2550 Stag Run Blvd. #739**
 CITY-ST-ZIP **Clearwater FL 33765**

TITLE **JWD** ☒ Delete
 NAME **MOIR, BRUCE S**
 STREET ADDRESS **2912 EDENWOOD ST**
 CITY-ST-ZIP **CLEARWATER FL 33759-2701**

TITLE **TREASURER (D)** ☐ Change ☐ Addition
 NAME **Richard John Whalen Sr**
 STREET ADDRESS **P.O. Box 803 N/A**
 CITY-ST-ZIP **Ozona FL 34660-0803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in the Uniform Business Report Act, 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.

certify that the information

SIGNATURE: *Andrew J. Foster III*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2001
 Date

904-354-2339
 Daytime Phone #

CR2E037 (10/00)