

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91427 020 ****61.25

DOCUMENT # C10043

1. Entity Name

TAMPA BAY LODGE NO. 252 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business

Mailing Address

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

**C/O 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

23-7526487

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 **SD** ☐ Delete
 NAME **RHOADES, ANTHONY E**
 STREET ADDRESS **1920 BETTY LANE NORTH**
 CITY-ST-ZIP **CLEARWATER FL 34615**

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

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

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

TITLE **WMD** ☒ Delete
 NAME **FOSTER, ANDREW J III**
 STREET ADDRESS **3157 LAKE VALENCIA LANE E**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **JUNIOR WARDEN (D)** ☒ Change ☐ Addition
 NAME **Robert Leroy Lutterman**
 STREET ADDRESS **2625 S R 590 # 2212**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **JWD** ☐ Delete
 NAME **WOOLLEY, DAVID M**
 STREET ADDRESS **2550 STAG RUN BLVD. # 739**
 CITY-ST-ZIP **CLEARWATER FL 33765**

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

TITLE **TD** ☐ Delete
 NAME **WHALEN, RICHARD J SR**
 STREET ADDRESS **P.O. BOX 803**
 CITY-ST-ZIP **OZONA FL 34860-0803**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Anthony E. Rhoades, Sec.**

2-25-02

727-442-6361

CR2E037 (9/01)