

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10048

1. Entity Name

TAVARES LODGE NO. 234 FREE AND ACCEPTED MASONS O

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90138 001 *8,207.50

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202-3218
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6133689

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.

AD DIRECTORS IN 10

TITLE JWD
NAME PERKINS, BRIAN
STREET ADDRESS 40701 WEST WND AVENUE
CITY-ST-ZIP UMATILLA FL 32784

☒ Delete

TITLE JUNIOR WARDEN
NAME Richard L Farling
STREET ADDRESS 35246 W Griffin Drive
CITY-ST-ZIP Fruitland Park FL 34731-6014

(D)

☒ Change

☐ Addition

TITLE SD
NAME HEINEMEYER, LEVI T
STREET ADDRESS 1938 MAPLES CIR
CITY-ST-ZIP TAVARES FL 32778

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE WMD
NAME FREIDEBORN, EARL M
STREET ADDRESS 34151 HODGES RD
CITY-ST-ZIP LEESBURG FL 34788

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(D)

☒ Change

☐ Addition

TITLE SWD
NAME ADAMS, CHARLES A JR
STREET ADDRESS 27814 LISA DR
CITY-ST-ZIP TAVARES FL 32778

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

(D)

☒ Change

☐ Addition

TITLE TD
NAME BOLEVICH, VINCENT J
STREET ADDRESS 31642 INDIANA AVE
CITY-ST-ZIP TAVARES FL 32778

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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: *Levi T. Heinemeyer*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.2.20

407-

742-4665

CR2E037 (9/99)