

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2001 90080 001 *3,123.75

DOCUMENT # C10048

1. Entity Name

TAVARES LODGE NO. 234 FREE AND ACCEPTED MASONS O

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
 US

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 **59-6133689**

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 ☒ Delete
 NAME **JWD**
 STREET ADDRESS **FARLING, RICHARD L**
 CITY-ST-ZIP **35246 WEST GRIFFIN DRIVE**
FRUITLAND PARK FL 34731-6014

TITLE ☒ Change ☐ Addition
 NAME **WORSHIPFUL MASTER (D)**
 STREET ADDRESS **Brian Perkins**
 CITY-ST-ZIP **40701 West 2Nd Ave**
Umatilla FL 32784

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

TITLE ☒ Change ☐ Addition
 NAME **SENIOR WARDEN (D)**
 STREET ADDRESS **Richard L Farling**
 CITY-ST-ZIP **35246 W Griffin Drive**
Fruitland Park FL 34731-6014

TITLE ☒ Delete
 NAME **WMD**
 STREET ADDRESS **ADAMS, CHARLES A JR**
 CITY-ST-ZIP **27814 LISA DRIVE**
TAVARES FL 32778

TITLE ☒ Change ☐ Addition
 NAME **JUNIOR WARDEN (D)**
 STREET ADDRESS **Christopher Alan Voss**
 CITY-ST-ZIP **580 Fern Ave.**
Tavares FL 32778

TITLE ☒ Delete
 NAME **SWD**
 STREET ADDRESS **PERKINS, BRIAN**
 CITY-ST-ZIP **40701 WEST 2ND AVENUE**
UMATILLA FL 32784

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

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

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: *Brian Perkins, W.M.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01 904-354-2339
 Date Daytime Phone #

CR2E037 (10/00)