

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90123 001 \*1,898.75

**DOCUMENT # C10048**

1. Entity Name

**TAVARES LODGE NO. 234 FREE AND ACCEPTED MASONS O F FLORIDA**

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



DO NOT WRITE IN THIS SPACE

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

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

TITLE ☒ **WMD**  
 NAME **FERLING, BRIAN**  
 STREET ADDRESS **40701 WEST 2ND AVE**  
 CITY-ST-ZIP **UMATILLA FL 32784** ☒ Delete

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

TITLE ☒ **JWD**  
 NAME **ALAN VOSI, CHRISTOPHER**  
 STREET ADDRESS **580 FERN AVE**  
 CITY-ST-ZIP **TAVARES FL 32778** ☐ Delete

TITLE ☐ **JUNIOR WARDEN (D)** ☒ Change ☒ Addition  
 NAME **Kevin L Harper**  
 STREET ADDRESS **906 LILY ST**  
 CITY-ST-ZIP **LEESBURG FL 34748**

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

TITLE ☒ **TREASURER (D)** ☒ Change ☒ Addition  
 NAME **Vincent Joseph Bolevich**  
 STREET ADDRESS **31642 Indiana Ave**  
 CITY-ST-ZIP **Tavares FL 32778**

TITLE ☐   
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP ☐ Delete

TITLE ☒ **SECRETARY (D)** ☒ Change ☒ Addition  
 NAME **Raymond Charles Cox**  
 STREET ADDRESS **P.O. Box 367**  
 CITY-ST-ZIP **Howey-In-The-Hills FL 34737-0367**

TITLE ☐   
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP ☐ Delete

TITLE ☐   
 NAME   
 STREET ADDRESS   
 CITY-ST-ZIP ☐ Delete

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:** *X* **Raymond C. Cox**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*26 February 2002*  
 Date Daytime Phone #

CR2E037 (9/01)