

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90322 001 *1,531.25

DOCUMENT # C10048

1. Entity Name

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



Principal Place of Business

**ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US**

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
COX, RAYMOND C
PO BOX 387
HOWEY IN THE HILLS FL 34737-0367** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
HARPER, KEVIN L
906 LILY ST
LEESBURG FL 34748** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORSHIPFUL MASTER (D) ☐ Change ☒ Addition
Christopher Alan Vosi
385 Magnolia Ridge Ave
Tavarez FL 32778**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☐ Change ☒ Addition
Kenneth E Edwards
24239 WOODRIDGE LANE
EUSTIS FL 32726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER (D) ☒ Addition
William Ernest Countryman Sr
27713 LISA DR
TAVARES FL 32778**

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:

Raymond C. Cox
SIGNATURE (REQUIRES)

3/11/2003 357-223-084

CR2E037 (10/02)