

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10053

1. Entity Name

SOUTHLAND LODGE NO. 256 FREE AND ACCEPTED MASONS

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90046 001 \*6,125.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202  
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7010681**  
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 \_\_\_\_\_ (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. SENIOR WARDEN (D) DIRECTORS IN 10

TITLE SWD  
NAME MILLER, GREGORY A  
STREET ADDRESS 321 FAYE CIRCLE S  
CITY-ST-ZIP LAKELAND FL 33813 ☒ Delete

TITLE George Jerome Poole  
NAME 7710 Green Rd  
STREET ADDRESS Lakeland Fl 33809-4884  
CITY-ST-ZIP LAKELAND FL 33809-4884 ☒ Change ☐ Addition

TITLE WMD  
NAME LANE, TRACY LARRY  
STREET ADDRESS 113 BLUEFIELD AVE  
CITY-ST-ZIP LAKELAND FL 33801 ☒ Delete

TITLE William Elbert Rogers  
NAME 2424 Cleveland Hts Blvd  
STREET ADDRESS Lakeland Fl 33803-3115  
CITY-ST-ZIP LAKELAND FL 33803-3115 ☒ Change ☐ Addition

TITLE JWD  
NAME ROGERS, WILLIAM E  
STREET ADDRESS 2424 CLEVELAND HTS BLVD  
CITY-ST-ZIP LAKELAND FL 33803-3115 ☒ Delete

TITLE Milton Ellis Raulerion  
NAME 2616 Canal Dr N  
STREET ADDRESS Lakeland Fl 33801-2912  
CITY-ST-ZIP LAKELAND FL 33801-2912 ☒ Change ☐ Addition

TITLE TD  
NAME RICHARDSON NEWSOME, JACK  
STREET ADDRESS 1554 E. FERN RD.  
CITY-ST-ZIP LAKELAND FL 33801 ☒ Delete

TITLE Jack Richardson Newsome  
NAME 1554 E Fern Rd  
STREET ADDRESS Lakeland Fl 33801  
CITY-ST-ZIP LAKELAND FL 33801 ☒ Change ☐ Addition

TITLE ~~SECRETARY~~  
NAME PARKER, THARAN RAY  
STREET ADDRESS P.O. BOX 1266 N/A  
CITY-ST-ZIP LAKELAND FL 33802 ☐ 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: *THARAN R. PARKER* 3-2-00 425-2337

CR2E037 (9/99)