

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10053

1. Entity Name

SOUTHLAND LODGE NO. 256 FREE AND ACCEPTED MASONS

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

23-7010681

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SWD
POOLE, GEORGE J
7710 GREEN RD
LAKELAND FL 33809-4884 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
George Jerome Poole
7710 Green Rd
Lakeland FL 33809-4884

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SENIOR WARDEN (D) ☒ Change ☐ Addition
Milton Ellis Raulerson
2616 Canal Dr N
Lakeland FL 33801-2912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JWD
RAULERSON, MILTON E
2616 CANAL DR N
LAKELAND FL 33801-2912 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JUNIOR WARDEN (D) ☒ Change ☐ Addition
Larry Dean Rutter
8333 Gibson Lakes Dr
Lakeland FL 33809

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER (D) ☒ Change ☐ Addition
Benny Ray Williams
P O BOX 2717 N/A
EATON PARK FL 33840

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PARKER, THARAN RAY
P.O. BOX 1266 N/A
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90235 001 *4,602.50



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)