

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90868 001 \*2,082.50

**DOCUMENT # C10053**

1. Entity Name

**SOUTHLAND LODGE NO. 256 FREE AND ACCEPTED MASONS OF 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

**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 ☒ **SWD**  
 NAME ☒ **RAULERSON, MILTON E**  
 STREET ADDRESS **2816 CANAL DRIVE NORTH**  
 CITY-ST-ZIP **LAKELAND FL 33801-2912**

TITLE ☒ **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
 NAME **Milton Ellis Raulerson**  
 STREET ADDRESS **2816 Canal Dr N**  
 CITY-ST-ZIP **Lakeland FL 33801-2912**

TITLE ☒ **WMD**  
 NAME ☒ **POOLE, GEORGE J**  
 STREET ADDRESS **7710 GREEN RD**  
 CITY-ST-ZIP **LAKELAND FL 33809-4884**

TITLE ☐ **SENIOR WARDEN (D)** ☐ Change ☒ Addition  
 NAME **David Michael Tatum**  
 STREET ADDRESS **1582 MARINER RD**  
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☒ **JWD**  
 NAME ☒ **RUTTER, LARRY D**  
 STREET ADDRESS **8333 GIBSON LAKES DRIVE**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ **JUNIOR WARDEN (D)** ☐ Change ☒ Addition  
 NAME **Jeffrey Dennis Woodley**  
 STREET ADDRESS **9180 EVANS PASS**  
 CITY-ST-ZIP **PALM CITY FL 33868**

TITLE ☒ **TD**  
 NAME ☒ **WILLIAMS, BENNY R**  
 STREET ADDRESS **P.O. BOX 2717**  
 CITY-ST-ZIP **EATON PARK FL 33840**

TITLE ☐ **TREASURER (D)** ☐ Change ☒ Addition  
 NAME **James Herbert Abercrombie**  
 STREET ADDRESS **4822 ROLLING MEADOW DR**  
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☒ **SD**  
 NAME ☒ **PARKER, THARAN RAY**  
 STREET ADDRESS **P.O. BOX 1266 N/A**  
 CITY-ST-ZIP **LAKELAND FL 33802**

TITLE ☐ **Change** ☐ Addition

TITLE ☐ **Delete**

TITLE ☐ **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, Sec.*

*Tharan R. Parker, Sec.*

*3-8-02 904-354-2339*

CR2E037 (9/01)