

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-28-2002 90023 001 *1,531.25

DOCUMENT # C10068

1. Entity Name

**AUBURNDAL LODGE NO. 135 FREE AND ACCEPTED MASON
 S OF FLORIDA**

Principal Place of Business

Mailing Address

**C/O ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202
 US**

**C/O 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

23-7526423

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 ST
 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

TITLE **WMD** ☒ Delete
 NAME **RICHARDSON, JEFFERSON S**
 STREET ADDRESS **114 FREDRICK AVE**
 CITY-ST-ZIP **DUNDEE FL 33838**

TITLE **SWD** ☐ Delete
 NAME **SUMMERS, EUGENE E**
 STREET ADDRESS **309 CLAYTON ROAD**
 CITY-ST-ZIP **AUBURNDAL FL 33823-2506**

TITLE **JWD** ☐ Delete
 NAME **THRUN, MAX W**
 STREET ADDRESS **108 MARJORIE AVENUE**
 CITY-ST-ZIP **AUBURNDAL FL 33823-3821**

TITLE **SD** ☐ Delete
 NAME **MATHEWS, HERMAN E**
 STREET ADDRESS **3015 REITER DRIVE**
 CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE **TD** ☐ Delete
 NAME **MILLER, ALESTIUS**
 STREET ADDRESS **209 ELMER ST**
 CITY-ST-ZIP **AUBURNDAL FL 33823-2508**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
 NAME **Eugene Edward Summers**
 STREET ADDRESS **309 Clayton Rd**
 CITY-ST-ZIP **Auburndale FL 33823-2506**

TITLE **SENIOR WARDEN** (D) ☒ Change ☐ Addition
 NAME **Max Wilmer Thrun**
 STREET ADDRESS **10883 U S 90 W**
 CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE **JUNIOR WARDEN** (D) ☐ Change ☒ Addition
 NAME **John Wesley Thomason Jr**
 STREET ADDRESS **30 OAKWOOD RD**
 CITY-ST-ZIP **Winter Haven FL 33880**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Herman E. Mathews*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herman E. Mathews,
 Secretary

Date

2-26-02

Daytime Phone #

863-531-8150

CR2E037 (9/01)