

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # C10071**

1. Entity Name

**ANCHOR LODGE NO. 182 FREE AND ACCEPTED MASONS OF****FILED****Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90080 001 \*3,123.75

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 &amp; State

City &amp; State

4. FEI Number

**23-7193179**

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 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 **RONEY, DAVID W**  
STREET ADDRESS **19609 CALOOSA ST**  
CITY-ST-ZIP **SUGAR LOAF KEY FL 33042**TITLE **SWD** ☒ Delete  
NAME **WAITE, CHARLES W**  
STREET ADDRESS **1519 4TH ST**  
CITY-ST-ZIP **KEY WEST FL 33040**TITLE **JWD** ☒ Delete  
NAME **RINEER, FREDERICK B**  
STREET ADDRESS **13 DIAMOND**  
CITY-ST-ZIP **KEY WEST FL 33040**TITLE **TD** ☒ Delete  
NAME **WEITZEL, CHARLES**  
STREET ADDRESS **150 SEALANE TAMARAC PK**  
CITY-ST-ZIP **KEY WEST FL 33040**TITLE **SD** ☐ Delete  
NAME **MARIBONA, MICHAEL**  
STREET ADDRESS **PO BOX 2370 N/A**  
CITY-ST-ZIP **KEY WEST FL 33040**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
NAME **Charles Walter Waite**  
STREET ADDRESS **1519 4th St**  
CITY-ST-ZIP **Key West FL 33040**TITLE **SENIOR WARDEN (D)** ☒ Change ☐ Addition  
NAME **F. Blaine Rineer**  
STREET ADDRESS **13 Diamond**  
CITY-ST-ZIP **Key West FL 33040**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/01****305-294-4860**

CR2E037 (10/00)