2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 28, 2000 8:00 am
Secretary of State
06-28-2000 90059 001 ***551.25

DOCUMENT # C10075

1. Entity Name

FRANCIS T. HURLBERT LODGE NO. 259 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202	ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

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 59-1688795 ☐ 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
ROY CONNOR SHEPPARD 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WORSHIPFUL MASTER ROBERT D. BRACEWELL (D) RT. 1 BOX 206-A BRYCEVILLE, FL 32009-9713 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERT E. SITZ (D) SENIOR WARDEN 885 BONITA ROAD ATLANTIC BEACH, FL 32233 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUNIOR WARDEN KENNETH J. CROTTS (D) 7664 COLLINS RIDGE BLVD. JACKSONVILLE, FL 32244 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ROBERT L. YOUNG (D) 4621 CASTLEWOOD DR. W. JACKSONVILLE FL 32206 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SECRETARY~~ ~~BROOKS E. GOING (D)~~ ~~1404 FOREST HILLS RD.~~ ~~JACKSONVILLE, FL 32208-3188~~ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY (D) Robert O. BERNHARD 415 MACROSS AVE JACKSONVILLE FL 32208 ☒ 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: X Robert O. Bernhard 5/26/00 904-768 6737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #