

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90525 001 ***980.00

DOCUMENT # C10075

1. Entity Name

**FRANCIS T. HURLBERT LODGE NO. 259 FREE AND ACCEP
 TED MASONS 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

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME ☒
 STREET ADDRESS
 CITY-ST-ZIP

**WMD
 SITZ, ROBERT E
 P.O. BOX 330781
 ATLANTIC BEACH FL 32233**

TITLE ☐ Delete
 NAME ☒
 STREET ADDRESS
 CITY-ST-ZIP

**SWD
 YOUNG, ROBERT L
 4621 CASTLEWOOD DRIVE W
 JACKSONVILLE FL 32206**

TITLE ☐ Delete
 NAME ☒
 STREET ADDRESS
 CITY-ST-ZIP

**JWD
 BRACEWELL, ROBERT D
 P.O. BOX 123
 JACKSONVILLE FL 32209-0123**

TITLE ☒ Delete
 NAME ☒
 STREET ADDRESS
 CITY-ST-ZIP

**TD
 BURCK, CHARLES H
 3473 TROUT RIVER BLVD.
 JACKSONVILLE FL 32208-1310**

TITLE ☒ Delete
 NAME ☒
 STREET ADDRESS
 CITY-ST-ZIP

**SD
 BERNHAED, ROBERT O
 415 MALCROSS AVE
 JACKSONVILLE FL 32208**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

**WORSHIPFUL MASTER (D)
 Robert Loren Young
 4621 Castlewood Dr W
 Jacksonville FL 32206**

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

**SENIOR WARDEN (D)
 Ronald Weldon Wilson
 12081 Simmons Rd
 Jacksonville FL 32218-7517**

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

**JUNIOR WARDEN (D)
 Robert Erwin Sitz
 PO BOX 330781 N/A
 ATLANTIC BEACH FL 32233**

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

**SECRETARY (D)
 Robert Delmus Bracewell
 PO BOX 123 N/A
 Bryceville FL 32209-0123**

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

**TREASURER (D)
 Wayne Carter
 14047 Duval Rd
 Jacksonville FL 32218-2400**

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 D. Bracewell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/02 904-354-2339

CR2E037 (9/01)