

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10089

1. Entity Name

SANDERSON LODGE NO. 122 FREE AND ACCEPTED MASONS OF FL

05-05-2001 90298 001 *1,592.50

C10089

FILED

01 MAY -9 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-004



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

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

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

23-7526414

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 C
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	WMD	☐ Delete
NAME	WALTMAN JR, BRADFORD	
STREET ADDRESS	ROUTE 2 BOX 985	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE	SWD	☒ Delete
NAME	BARTON, WILTON	
STREET ADDRESS	P O BOX 252	
CITY-ST-ZIP	SANDERSON FL 32087-0252	
TITLE	JWD	☒ Delete
NAME	PEARCE JR, JOHN C	
STREET ADDRESS	P O BOX 321 N/A	
CITY-ST-ZIP	SANDERSON FL 32087	
TITLE	SD	☐ Delete
NAME	BARTON, WELDON	
STREET ADDRESS	ROUTE 1 BOX 643	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	SD	☒ Delete
NAME	TAYLOR, WILLIAM RONALD	
STREET ADDRESS	P O BOX 190 N/A	
CITY-ST-ZIP	SANDERSON FL 32087-0190	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SENIOR WARDEN	(D) ☒ Change ☐ Addition
NAME	John Corbett Pearce Jr	
STREET ADDRESS	PO Box 321 N/A	
CITY-ST-ZIP	SanderSON FL 32087	
TITLE	JUNIOR WARDEN	(D) ☒ Change ☐ Addition
NAME	Josefino Natividad Dela Cruz	
STREET ADDRESS	P O Box 7125 N/A	
CITY-ST-ZIP	Jacksonville FL 32238	
TITLE	TREASURER	(D) ☒ Change ☐ Addition
NAME	Wilton Barton	
STREET ADDRESS	Po Box 252 N/A	
CITY-ST-ZIP	SanderSON FL 32087-0252	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)