.2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10098 1. Entity Name

BRAIDENTOWN LODGE NO. 99 FREE AND ACCEPTED MASON

Principal Place of Business
C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202

Mailing Address

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

FILED Apr 18, 2001 8:00 am Secretary of State

04-18-2001 90244 001 *3,246.25

01403

Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

23-7290176

4. FEI Number

Zip		Country	Zip	Cou	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	ditional d	
	6: Name	and Address of Current	7. Name and Address of New Registered Agent									
				Name								
				į								
SHEPPAR	D, ROY CO	NNOR		Street Address (P.O. Box Number is Not Acceptable)								
	N STREET											
JACKSONVILLE FL 32202												
UNONOVIVILLE PL SZZVZ						City Zip Code						
									FI	-		
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											
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE												
		<u>.</u>										
								Make Check Payable to				
	FILE I		9. Election Campaign									
FEE IS \$61.25			Trust Fund Contribu		Added	to Fees	Department of State					
								<u> </u>				
10.		OFFICERS AND DIF	RECTORS	11.		, A	DDITIONS/CH	ANGES TO OFFIC	ERS AND D	RECTORS IN	10	
TITLE	SWD		Delete	TITLE		iunos	LITOCIII	MASTER	(D)	Change Change	Addition	
NAME	Berger, I	RICHARD L		NAME				• • • • • • • • • • • • • • • • • • • •	(12)	•		
STREET ADDRESS	4605 31ST			STREE	T ADDRESS	í		e Berger				
CITY-ST-ZIP		ON FL 34203		CITY	ST-ZIP			St Cir E				
TITLE	SD	JIT 1 E 01250	□ Delete	TITLE		Brac	ienton	F1 ~34203	-3711	Change	Addition	
NAME		GEORGE F	□ Delete	NAME		Į.				- Glidings	L_I Addition	
STREET ADDRESS					T ADDRESS					_		
CITY-ST-ZIP	703 60TH				ST-ZIP							
0111-31-21F		ON FL 34209			31-ZIF					<u></u>	· <u>·</u>	
TITLE	WMD		Delete	TITLE						☐ Change	Addition	
NAME		sheldon s	,	NAME		Į.						
STREET ADDRESS	1009 39TH	I ST W		1	T ADDRESS							
CITY-ST-ZIP	BRADENTO	ON FL 34205-1643		CITY-:	ST-ZIP							
TITLE	JWD		☐ Delete	TITLE						Change	Addition	
NAME	HONE, JOI	HN W		NAME								
STREET ADDRESS	20 LAKEVI			STREE	T ADDRESS							
CITY-ST-ZIP		FL 34221-1917		CITY-	ST-ZIP							
TITLE	TD		☐ Delete	TITLE		1				☐ Change	Addition	
NAME		I, GEROGE M	□ péiere	NAME		1				onlings		
STREET ADDRESS	803 65TH			_	T ADDRESS							
CITY-ST-ZIP		N FL 34207		CITY-		1						
	DIVIDENT	/N FL 34207				 		·			<u></u>	
TITLE			☐ Delete	TITLE						☐ Change	Addition	
NAME				NAME		1						
STREET ADDRESS					T ADDRESS							
CITY-ST-ZIP				CITY-		<u> </u>						
12. I hereby o	ertify that the	information supplied with	this filing does not qualify for	the exem	nption sta	ated in Sec	tion 119.07(3)(i), Florida Statutes	. I further ce	rtify that the ir	formation	
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												
of the corporation of 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. George F, Cancro												
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