2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10103 Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** HERNANDO LODGE NO. 97 FREE AND ACCEPTED MASONS O 03-29-2000 90046 001 *6,125.00 Principal Place of Business Mailing Address ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD 220 OCEAN ST. 220 OCEAN ST JACKSONVILLE FL 32202-3218 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1657220 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 TREASURER 3 IN 10 OFFICERS AND DIRECTORS 11. 10. Thomas Allen Collins Addition 💢 Delete TITLE TITLE 850 Moonlight Ln NAME BATES, JOHN CLIFFORD JR NAME Brooksville F1 34601-3014 STREET ADDRESS STREET ADDRESS 21950 SQUIRREL PRAIRIE RD SECRETARY CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE FL 34610-2300 Denver William Crabbs Change SD Delete TITLE 7499 Aloe Drive NAME NAME ROSS, VERNE CARTER Spring Hill FL 34607 STREET ADDRESS STREET ADDRESS 259 HOWELL AVE CITY-ST-7/P CITY-ST-ZIP BROOKSVILLE FL 34601-2041 JUNIOR WARDEN 1 Change Addition TITLE 👿 Delete TITLE Harold James Laushway VAN SANT, RODMAN SCHALL NAME 900 N Broad St #5001 STREET ADDRESS STREET ADDRESS 25501 MONDON HILL RD Brooktville c: CITY-ST-7IP CITY-ST-ZIP BROOKSVILLE FL 34601-7031 WORSHIPFUL MASTER Addition Change Delete TITLE TITLE Grant Alvah Ordway NAME NAME DONALD RAY ANDERSON JR 7530 First Cir. Dr. STREET ADDRESS STREET ADDRESS 13045 LINDEN DR Brooksville Fl 34613 CITY-ST-ZIP CITY-ST-ZIP SPRING HILLS FL 34609 Addition Delete TITLE SENIOR WARDEN TITLE (D) NAME NAME John Clifford Bates Jr STREET ADDRESS STREET ADDRESS 21950 Squirrel Prairie Rd CITY-ST-ZIP CITY-ST-ZIP Brooksville F1 34610-2300 ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

IGNATURE: A SIGNATURE AND TYPED OR PRINTED OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #

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.