

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10108

1. Entity Name

TRILBY LODGE NO. 141 FREE AND ACCEPTED MASONS OF

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90046 001 \*6,125.00

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 32202-3218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7526425

Applied For

Not Applicable

Zip

Country

Zip

Country

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 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

TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	KIRKSEY, CHARLES M	
STREET ADDRESS	P O BOX 1364	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	KIRKSEY, JAMES W	
STREET ADDRESS	18435 HAMILTON RD	
CITY-ST-ZIP	DADE CITY FL 33526	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	COUNCIL, JOHN R	
STREET ADDRESS	36709 COVINGTON RD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAQUIRE, DON TRUXTON	
STREET ADDRESS	4877 MERLIN CIRCLE	
CITY-ST-ZIP	DADE CITY FL 33525-9127	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PITTS, LAWRENCE P JR	
STREET ADDRESS	33903 TRILBY RD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Rainey Council	
STREET ADDRESS	36709 Covington Rd	
CITY-ST-ZIP	Dade City FL 33525	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Melvin Kirksey	
STREET ADDRESS	P. O. Box 1364 N/A	
CITY-ST-ZIP	Dade City FL 33526	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Hollis Jackson	
STREET ADDRESS	PO Box 286 N/A	
CITY-ST-ZIP	Lacoochee FL 33537-0286	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

LAWRENCE P PITTS  
SECRETARY

MAR. 9, 2000

(352) 567-7029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)