

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10108

1. Entity Name

TRILBY LODGE NO. 141 FREE AND ACCEPTED MASONS OF FLORIDA

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
23-7526425

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 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 type="checkbox"/> Delete
NAME	STANLEY, RONALD E	
STREET ADDRESS	17721 NATHANS DRIVE	
CITY-ST-ZIP	TAMPA FL 33647-2265	
TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, WILLIAM H	
STREET ADDRESS	P.O. BOX 288	
CITY-ST-ZIP	LACOOCHIEE FL 33537-0288	
TITLE	SWD	<input type="checkbox"/> Delete
NAME	BURKETT, WILLIAM P JR	
STREET ADDRESS	35436 RUFFING RD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LAQUIRE, DON TRUXTON	
STREET ADDRESS	4877 MERLIN CIRCLE	
CITY-ST-ZIP	DADE CITY FL 33525-9127	
TITLE	SD	<input checked="" 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	William Pate Burkett Jr	
STREET ADDRESS	35436 Ruffing Rd	
CITY-ST-ZIP	Dade City FL 33525	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Edward Stanley	
STREET ADDRESS	17721 NATHANS DR	
CITY-ST-ZIP	TAMPA FL 33647-2265	
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Walker Gentry	
STREET ADDRESS	PO Box 1081 N/A	
CITY-ST-ZIP	Lacoochee FL 33537	
TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Charles Rapora	
STREET ADDRESS	36743 Coleman Ave	
CITY-ST-ZIP	Dade City FL 33525	
TITLE	SECRETARY (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Rainey Council	
STREET ADDRESS	36709 Covington Rd	
CITY-ST-ZIP	Dade City FL 33525	

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Council, Sec

3/5/02

Date

904-354-2339

Daytime Phone

CP2E037 (9/01)