

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10128

1. Entity Name

ROCKY SINK LODGE NO. 88 FREE AND ACCEPTED
MASONS OF FLORIDA**FILED**
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90220 001 ***796.25

73844

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202	ROY CONNOR SHEPPARD 220 OCEAN STREET 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
23-7526384Applied For
Not Applicable5. 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

ROY CONNOR SHEPPARD
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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		WORSHIPFUL MASTER (D) WINSTON L. BASS 12516 110TH STREET LIVE OAK FL 32060	
		SENIOR WARDEN (D) WILLIAM H. JONES 13476 N COUNTY ROAD 349 LIVE OAK FL 32060	
		JUNIOR WARDEN (D) DONALD E. SIVYER 10577 52ND TERRACE LIVE OAK FL 32060	
		TREASURER (D) JAMES D. CARMICHAEL ROUTE 4, BOX 211 LAKE CITY FL 32024	
		SECRETARY (D) JACK M. CROSS, JR. P.O. BOX 153 N/A LIVE OAK FL 32064	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack M. Cross* Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR5/15/01
Date904-354-2339
Daytime Phone #