

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **C10128**

1. Entity Name

ROCKY SINK LODGE NO. 88 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

23-7526384

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 ☒ SD
NAME ☒ **CROSS, JACK M JR**
STREET ADDRESS ☐ **P O BOX 153 N/A**
CITY-ST-ZIP ☐ **LIVE OAK FL 32060-0153**

TITLE ☒ JWD
NAME ☒ **SIVYER, DONALD E**
STREET ADDRESS ☐ **10577 52ND TERRACE**
CITY-ST-ZIP ☐ **LIVE OAK FL 32060**

TITLE ☒ SWD
NAME ☒ **WILLIAM HUGH JONES**
STREET ADDRESS ☐ **13476 NORTH COUNTY RD 349**
CITY-ST-ZIP ☐ **LIVE OAK FL 32060**

TITLE ☒ WMD
NAME ☒ **BASS, WINSTON L**
STREET ADDRESS ☐ **12516 110TH ST**
CITY-ST-ZIP ☐ **LIVE OAK FL 32060**

TITLE ☒ TD
NAME ☒ **CARMICHAEL, JAMES D**
STREET ADDRESS ☐ **RT 4, BOX 211**
CITY-ST-ZIP ☐ **LAKE CITY FL 32024**

TITLE ☐
NAME ☐
STREET ADDRESS ☐
CITY-ST-ZIP ☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
NAME ☒ **James Doyle Carmichael**
STREET ADDRESS ☐ **RT 4 BOX 2011**
CITY-ST-ZIP ☐ **LAKE CITY FL 32024**

TITLE ☒ **TREASURER (D)** ☒ Change ☐ Addition
NAME ☒ **Keith Morgan Carmichael**
STREET ADDRESS ☐ **Rt 4 Box 317**
CITY-ST-ZIP ☐ **Lake City FL 32055-8507**

TITLE ☐
NAME ☐
STREET ADDRESS ☐
CITY-ST-ZIP ☐

TITLE ☐
NAME ☐
STREET ADDRESS ☐
CITY-ST-ZIP ☐

TITLE ☐
NAME ☐
STREET ADDRESS ☐
CITY-ST-ZIP ☐

TITLE ☐
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: **Jack M. Cross, Jr., Sec.**

3-1-2002

386-362-7307

CR2E037 (9/01)

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FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91540 001 *4,471.25



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