2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10142

1. Entity Name

220 OCEAN ST.

SIGNATURE:

PALMETTO LODGE NO. 110 FREE AND ACCEPTED MASONS

OF FLURIDA	
Principal Place of Business	Mailing Address
C/O ROY CONNOR SHEPPARD	C/O ROY CONNOR S

HEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202

JACKSONVILLE	FL 32202		JACKSONVILLE FL 32202				#1 8 	61014 815 11 !	6 <u>18</u> 11 81811 8181	L 610() 100(
2. Principal Place of Business 3			3. Mailing Address									
Suite, Apt	, #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State			City & State				4. FEI Number 59-6143409				plied For t Applicable	
Zip		Country	Zip	ip Cou			5. Certificate of St	8.75 Additional ee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
					Name							
SHEPPARD, ROY CONNOR 220 OCEAN ST				٠.	Street Address (P.O. Box Number is Not Acceptable)							
JACKSONVILLE FL 32202				City			1/201	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 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 Campai Trust Fund Contr						n. Added to Fees Department of						
10.	Iva 60 A 60	OFFICERS AND DIRI	CTORS	11.			DDITIONS/CHANG					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1-1 1111		Delete			Ray 278	RSHIPFUL y Walter 25 TERRA LMETTO FL	Dielman CEIA BAY 34221	aLV		☐ Addition	
TITLE	SWD		☐ Delete	TITLE			VIOR WARD	THI	1511	Change	☐ Addition	
NAME	HOWARD D			NAM	E)		in Howard				ļ	
STREET ADDRESS	1				ET ADDRESS		34 IMPERI	•				
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NAME *	6210 62ND	ERBERT L III TERRACE E		NAM STRE	ET ADDRESS							
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CITY-ST-ZIP				CITY	-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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.

Herbert L. Walker, II, Sec.

FILED

Apr 18, 2002 8:00 am Secretary of State

04-18-2002 90525 001 ***980.00

941-794-1954