

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90060 001 ***857.50

DOCUMENT # C10152

1. Entity Name

**ASHMORE LODGE NO. 102 FREE AND ACCEPTED MASONS O
 F FLORIDA**

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202
 US**

**ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202
 US**

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

23-7184986

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 ST
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	YATES, GEORGE M	
STREET ADDRESS	11221 N BLVD STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARD, HARLAN E.	
STREET ADDRESS	241 DIXIE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LUNDRIGAN, N. GEORGE	
STREET ADDRESS	609 TERRACE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208-4944	
TITLE	SWD	<input type="checkbox"/> Delete
NAME	OLIFF, GRAHAM KEITH	
STREET ADDRESS	PO BOX 886	
CITY-ST-ZIP	WOODVILLE FL 32362	
TITLE	JWD	<input type="checkbox"/> Delete
NAME	RODDENBERRY, WILLIAM WESLEY	
STREET ADDRESS	PO BOX 464	
CITY-ST-ZIP	SOPCHOPPY FL 32358-0464	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Graham Keith Oliff	
STREET ADDRESS	P O Box 886 N/A	
CITY-ST-ZIP	Woodville FL 32362	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Wesley Roddenberry	
STREET ADDRESS	P O Box 464 N/A	
CITY-ST-ZIP	Sopchoppy FL 32358-0464	
TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James William McMullen	
STREET ADDRESS	2758 SPRING CREEK HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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: *Harlan E. Ard* **Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 **856 921 9364**