

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90138 001 *8,207.50

DOCUMENT # C10168

1. Entity Name

PINE CASTLE LODGE NO. 368 FREE AND ACCEPTED MASO

Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202
 US

C/O ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202-3218
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7526579

Applied For

Not Applicable

Zip

Country

Zip

Country

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

11. OFFICERS AND DIRECTORS IN 10

TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, TERRY P	
STREET ADDRESS	9887 PINEY POINT CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROUSE, ALFRED J III	
STREET ADDRESS	939 ROCK OAK DR	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESTES, ELBERT R	
STREET ADDRESS	8165 PALM HARBOR WAY	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICHOLLS, THOMAS O	
STREET ADDRESS	106 JAMES TOWN DR APT D	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAPES, JOHN L	
STREET ADDRESS	300 E CHURCH STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	JUNIOR WARDEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIUS L PEREZ	
STREET ADDRESS	2337 HARBOR TOWN DR	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SENIOR WARDEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Paul Robinson	
STREET ADDRESS	1435 BAYHEAD CT	
CITY-ST-ZIP	Orlando FL 32825	
TITLE	WORSHIPFUL MASTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Owen Nicholls	
STREET ADDRESS	3241 CARDIGAN CT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Alfred J. Rouse, III* **2/29/00** **407-855-8754**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)