

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**  
 04-18-2001 90080 001 \*3,123.75

**DOCUMENT # C10172**

1. Entity Name

**WELLINGTON LODGE NO. 387 FREE AND ACCEPTED MASON**

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

**65-0132697**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **WMD**  Delete  
 NAME: **THOMPSON, SCOTT F**  
 STREET ADDRESS: **1994 SE CHELTENHAM ST**  
 CITY-ST-ZIP: **PORT SAINT LUCIE FL 34983-4604**

TITLE: **WORSHIPFUL MASTER (D)**  Change  Addition  
 NAME: **Michael Harry Grace III**  
 STREET ADDRESS: **424 Westwoods Circle**  
 CITY-ST-ZIP: **West Palm Beach FL-33411**  Change  Addition

TITLE: **SWD**  Delete  
 NAME: **GRACE III, MICHAEL H**  
 STREET ADDRESS: **424 WESTWOODS CIRCLE**  
 CITY-ST-ZIP: **WEST PALM BEACH FL 33411**

TITLE: **SENIOR WARDEN (D)**   Change  Addition  
 NAME: **A. Dean Heasley**  
 STREET ADDRESS: **312 PINEHURST RD**  
 CITY-ST-ZIP: **LAKE WORTH FL 33461**  Change  Addition

TITLE: **JWD**  Delete  
 NAME: **HEASLEY, A DEAN**  
 STREET ADDRESS: **312 PINEHURST RD**  
 CITY-ST-ZIP: **LAKE WORTH FL 33461**

TITLE: **JUNIOR WARDEN (D)**   Change  Addition  
 NAME: **Robert Samuel Schooley**  
 STREET ADDRESS: **2599 W CARANDIS RD**  
 CITY-ST-ZIP: **WEST PALM BEACH FL 33406**  Change  Addition

TITLE: **TD**  Delete  
 NAME: **DAVIS, JAMES RICHARD**  
 STREET ADDRESS: **5868 WESTFALL RD**  
 CITY-ST-ZIP: **LAKE WORTH FL 33463-6731**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **SD**  Delete  
 NAME: **SCHOOLEY, OSWALD SAMUEL**  
 STREET ADDRESS: **1915 LAUREL LANE**  
 CITY-ST-ZIP: **W PLAM BCH FL 33406-6745**

TITLE:  Change  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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**OSWALD SAMUEL SCHOOLEY SECRETARY**  
 5-26-01 501-967-8643  
 Date Daytime Phone #

CR2E037 (10/00)