

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**  
 05-30-2001 90220 001 \*\*\*796.25

DOCUMENT # C10174

1. Entity Name

CORNERSTONE LODGE NO. 386 FREE AND ACCEPTED  
 MASONS OF FLORIDA

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD  
 220 OCEAN STREET  
 JACKSONVILLE FL 32202

ROY CONNOR SHEPPARD  
 220 OCEAN STREET  
 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

59-2421831

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

ROY CONNOR SHEPPARD  
 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.

(NOT: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!! FEE IS \$150.00**  
**After MAY 15, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE WORSHIPFUL MASTER (D) ☐ Change ☐ Addition  
 NAME RADFORD T. GERALDS  
 STREET ADDRESS 1371 SE PETUNIA AVENUE  
 CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SENIOR WARDEN (D) ☐ Change ☐ Addition  
 NAME PAUL J. SOLET  
 STREET ADDRESS 2231 SE LUCAYA STREET  
 CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE JUNIOR WARDEN (D) ☐ Change ☐ Addition  
 NAME STANLEY L. HUDSON  
 STREET ADDRESS 1680 SW CEFALU CIRCLE  
 CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TREASURER (D) ☐ Change ☐ Addition  
 NAME GARDNER S. FOOTE  
 STREET ADDRESS 553 SW NEW CASTLE COVE  
 CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SECRETARY (D) ☐ Change ☐ Addition  
 NAME HAROLD W. MEADOWS  
 STREET ADDRESS P.O. BOX 7176 N/A  
 CITY-ST-ZIP PORT ST. LUCIE FL 34985

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

Harold W. Meadows

SIGNATURE: Harold W. Meadows, Secretary  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

5-15-01

Date

904-354-2339

Daytime Phone #