

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10179

1. Entity Name

PINELLAS DAYLIGHT LODGE NO. 385 FREE AND ACCEPTE

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90080 001 *3,123.75

Principal Place of Business

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

Mailing Address

C/O ROY CONNOR SHEPPARD
220 OCEAN STREET
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 **59-2412113**

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 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 **UPTON, DONALD W**
STREET ADDRESS **6580 SEMINOLE RD**
CITY-ST-ZIP **LARGO FL 34642**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
NAME **John Wesley Lovelace Jr**
STREET ADDRESS **1533 83RD Ave N**
CITY-ST-ZIP **Saint Petersburg FL 33702-2851** ☐ Addition

TITLE **S/D** ☒ Delete
NAME **GILBERT J KEENEY**
STREET ADDRESS **9389 93RD ST N**
CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **SENIOR WARDEN (D)** ☒ Change ☐ Addition
NAME **William Bruce Steube III**
STREET ADDRESS **6468 Jarvis Rd**
CITY-ST-ZIP **Sarasota FL 34241-5613** ☐ Change ☐ Addition

TITLE **JWD** ☒ Delete
NAME **CUTTS, NICHOLAS S**
STREET ADDRESS **737 PINELLAS BAY WAY, #205**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **SECRETARY (D)** ☒ Change ☐ Addition
NAME **Alton Earl Miller**
STREET ADDRESS **1348 Winding Brook Way**
CITY-ST-ZIP **Dunedin FL 34698-3850** ☐ Change ☐ Addition

TITLE **SWD** ☒ Delete
NAME **JOHN W LOVELACE, JR**
STREET ADDRESS **1533 83RD AVE N**
CITY-ST-ZIP **ST PETERSBURG FL 33702-2851**

TITLE **T** ☐ Delete
NAME **KIRKPATRICK, ROBERT G**
STREET ADDRESS **1846 PENN WOOD CIR**
CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Alton Earl Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE **24 MAR 01** DAYTIME PHONE # **727-736-1542**

CR2E037 (10/00)