

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10183

1. Entity Name

PORT TAMPA LODGE NO. 153 FREE AND ACCEPTED MASON

Principal Place of Business

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US

Mailing Address

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

23-7136823

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 C
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
NAME
STREET ADDRESS
CITY-ST-ZIP
WMD
MAULLER, HOWARD M JR
6916 SOUTH TRASK
TAMPA FL 33616 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SENIOR WARDEN (D) ☒ Change ☐ Addition
James Leland Welch
3109 TYSON AVE
TAMPA FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SWD
ROWE, RAYMOND S JR
8020 INTERBAY BLVD.
TAMPA FL 33616 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER (D) ☒ Change ☐ Addition
Gerald Dee Kidd
4412 W Paul Ave
Tampa FL 33611-3322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BISHOP, JAMES EVERETT
7002 SPARKMAN STREET
TAMPA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY (D) ☒ Change ☐ Addition
Howard Hugh Gardner
8026 Interbay Blvd
Tampa FL 33616

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JWD
MCALISTER, CLAY
4514 WEST ROGERS AVENUE
TAMPA FL 33611 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01 (813) 835-7276

Date

Daytime Phone #

CR2E037 (10/00)