

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-15-2000 90138 001 *8,207.50

DOCUMENT # C10193

1. Entity Name
LANDMARK LODGE NO. 383 FREE AND ACCEPTED MASONS

Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-2264867** 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 CONNER 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 _____ (NOTE: Registered Agent signature required when reinstating)

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. DIRECTORS IN 10		
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, JERRY M		NAME	Bernard Cavanaugh Schlenk	
STREET ADDRESS	295 BROOKLYN AVE		STREET ADDRESS	1075 E Graves Ave	
CITY-ST-ZIP	ORANGE CITY FL 32763		CITY-ST-ZIP	Orange City FL 32763-5311	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLENK, BERNARD C		NAME	Virgil Sherell Williams	
STREET ADDRESS	1075 E GRAVES AVE		STREET ADDRESS	959 Halstead St.	
CITY-ST-ZIP	ORANGE CITY FL 32763-5311		CITY-ST-ZIP	Deltona FL 32725-5748	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, VIRGIL S		NAME	Robert Nicholas Crawford	
STREET ADDRESS	959 HALSTEAD ST		STREET ADDRESS	830 E Indiana Ave	
CITY-ST-ZIP	DELTONA FL 32725-5748		CITY-ST-ZIP	Deland FL 32724	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKEWICZ, LEONARD A		NAME		
STREET ADDRESS	1015 DAWSON DR		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32725		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SITES, GEORGE F		NAME		
STREET ADDRESS	PO BOX 5477, N/A		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL 32728-5477		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: George F. Sites **SECURED** *George F. Sites 3/3/00* 904-354-2339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)