

2001 UNIFORM BUSINESS REPORT (UBR)

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

0000383

04-18-2001 90186 001 *3,491.25

DOCUMENT # C10193

1. Entity Name

LANDMARK LODGE NO. 383 FREE AND ACCEPTED MASONS

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

57192



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2264867

Applied For

Not Applicable

Zip

Country

Zip

Country

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 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

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	WMD SCHLENK, BERNARD C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1075 EAST GRAVES AVENUE	
CITY-ST-ZIP	ORANGE CITY FL 32763-5311	
TITLE NAME	SWD WILLIAMS, VIRGIL S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	959 HALSTEAD STREET	
CITY-ST-ZIP	DELTONA FL 32725-5748	
TITLE NAME	JWD CRAWFORD, ROBERT N	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	830 EAST INDIANA AVENUE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE NAME	TD FRANKWICZ, LEONARD A	<input type="checkbox"/> Delete
STREET ADDRESS	1015 DAWSON DR	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE NAME	SD SITES, GEORGE F	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 5477, N/A	
CITY-ST-ZIP	DELTONA FL 32728-5477	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Virgil Sherell Williams	
CITY-ST-ZIP	959 Halstead St. Deltona FL 32725-5748	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	James John Schwirian	
CITY-ST-ZIP	2081 KEYES LANE DELTONA FL 32738	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	David Thomas Waller	
CITY-ST-ZIP	2050 JESSAMINE CT DELTONA FL 32738	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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 *Signature Required* 3/22/01 407-571-2490
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #