

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10219

1. Entity Name

HIGH TWELVE LODGE NO. 317 FREE AND ACCEPTED MASO

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 32202-3218

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

23-7526537

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE FL 32202

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 JWD ☒ Delete  
NAME DEAN, TIMOTHY S  
STREET ADDRESS 9310 B 18TH ST N  
CITY-ST-ZIP TAMPA FL 33612-8614

TITLE JUNIOR WARDEN (D) ☒ Change ☐ Addition  
NAME Lawrence Bruce Curtin  
STREET ADDRESS 7518 Okachobee Ct  
CITY-ST-ZIP Temple Terrace FL 33637

TITLE SD ☐ Delete  
NAME KEITH WILLIAM DEAN  
STREET ADDRESS P.O. BOX 4500 (N/A)  
CITY-ST-ZIP TAMPA FL 33677-4500

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

TITLE D ☒ Delete  
NAME CLAUDIO POCCIA  
STREET ADDRESS 4746 W ANITA BLVD  
CITY-ST-ZIP TAMPA FL 33611-1118

TITLE SENIOR WARDEN (D) ☒ Change ☐ Addition  
NAME Rocco Cocchiola  
STREET ADDRESS 906 Arrowhead Lane  
CITY-ST-ZIP Brandon FL 33511-8054

TITLE D ☒ Delete  
NAME S. GILBERT WEISMAN  
STREET ADDRESS 11504 COUNTRY OAKS  
CITY-ST-ZIP TAMPA FL 33624

TITLE WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
NAME S. Gilbert Weisman  
STREET ADDRESS 19419 Golden Slipper Pl  
CITY-ST-ZIP Lutz FL 33549-9209

TITLE TD ☐ Delete  
NAME JULIUS BRUCE MOORE  
STREET ADDRESS 9508 TAMPA ST  
CITY-ST-ZIP TAMPA FL 33612

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2000

Date

Daytime Phone #

904-354-2339

CR2E037 (9/99)