

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10219

1. Entity Name

HIGH TWELVE LODGE NO. 317 FREE AND ACCEPTED MASO

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

04-18-2001 90080 001 \*3,123.75

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37894



DO NOT WRITE IN THIS SPACE

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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-7526537</b>	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIN, LAWRENCE B		NAME	Rocco Cocchiola	
STREET ADDRESS	7518 OKEECHOBEE COURT		STREET ADDRESS	706 Arrowhead Lane	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637		CITY-ST-ZIP	Brandon FL 33511-8054	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH WILLIAM DEAN		NAME	Jimmie Borgard Crowder	
STREET ADDRESS	P.O. BOX 4500 (N/A)		STREET ADDRESS	10805 Leo St	
CITY-ST-ZIP	TAMPA FL 33677-4500		CITY-ST-ZIP	Tampa FL 33612-6050	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCCHIOLA, ROCCO		NAME	Robert S. Schointuch	
STREET ADDRESS	906 ARROWHEAD LANE		STREET ADDRESS	4627 Coriase Dr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	BRANDON FL 33511-8054		CITY-ST-ZIP	Lutz FL 33549	
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S. GILBERT WEISMAN		NAME		
STREET ADDRESS	19419 GOLDEN SLIPPER PL.		STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549-9209		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIUS BRUCE MOORE		NAME		
STREET ADDRESS	9508 TAMPA ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		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: <i>X</i> SIGNATURE KEITH W DEAN, Sec.		3/20/01		813/874-2444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E037 (10/00)