

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10226

1. Entity Name

WOODSTOCK PARK LODGE NO. 313 FREE AND ACCEPTED M

Principal Place of Business

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
US

Mailing Address

C/O 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

23-7161313

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 CONNOR
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 JWD
STREET ADDRESS PARR, CLIFFORD E JR
CITY-ST-ZIP 2545 LOFBERG DRIVE
JACKSONVILLE FL 32216-5229 ☒ Delete

TITLE
NAME WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
STREET ADDRESS Clifton Harvey Estes Jr
CITY-ST-ZIP 8540 Mayall Drive
Jacksonville FL 32220 ☐ Change ☐ Addition

TITLE
NAME SD
STREET ADDRESS HUBBARD, DONALD JR
CITY-ST-ZIP P.O. BOX 1531
HILLIARD FL 32046-1531 ☐ Delete

TITLE
NAME SENIOR WARDEN (D) ☒ Change ☐ Addition
STREET ADDRESS Clifford Edward Parr Jr
CITY-ST-ZIP 2545 Lofberg Dr
Jacksonville FL 32216-5229 ☐ Change ☐ Addition

TITLE
NAME WMD
STREET ADDRESS WALDRON, JOHN W
CITY-ST-ZIP 8429 STOCKS ROAD
JACKSONVILLE FL 32220-1222 ☒ Delete

TITLE
NAME JUNIOR WARDEN (D) ☒ Change ☐ Addition
STREET ADDRESS Arthur Eugene Jones
CITY-ST-ZIP 5920 DEVON ST
JACKSONVILLE FL 32244-2230 ☐ Change ☐ Addition

TITLE
NAME SWD
STREET ADDRESS ESTES, CLIFTON H JR
CITY-ST-ZIP 8540 MAYALL DRIVE
JACKSONVILLE FL 32220 ☒ Delete

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

TITLE
NAME TD
STREET ADDRESS HELBERT, CARL LEWIS
CITY-ST-ZIP 3869 HOLLINGSWORTH ST
JACKSONVILLE FL 32205-8905 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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

Donald Hubbard, Jr., Sec

3/22/01

Date

804-879-9393

Daytime Phone #

CR2E037 (10/00)