

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90220 001 \*\*\*796.25

**73852**

**DOCUMENT #** C10229

1. Entity Name

**EAST HILL LODGE NO. 310 FREE AND ACCEPTED  
 MASONS OF FLORIDA**

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202	ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number	Applied For
23-7164842	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

ROY CONNOR SHEPPARD  
 220 OCEAN STREET  
 JACKSONVILLE FL 32202

**7. Name and Address of New Registered Agent**

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) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition ARNOLD J. SILER 8404 WILLIAMSBURY CIRCLE PENSACOLA FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition CARL C. KIRTLEY 3315 TIMBERLAKE DRIVE PENSACOLA FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition JOHN W. ADAMS 4168 AQUUM VISTA DRIVE PENSACOLA FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition JOHN W. HORNE 34189 MEDLIN LANE LILLIAN AL 36549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition WILLIAM G. MABRY 1090 SCENIC HWY PENSACOLA FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: William G. Mabry Secretary 5/16/01 904-354-2339  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/00)