

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

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

04-18-2001 90186 001 \*3,491.25

**DOCUMENT # C10241**

1. Entity Name

**THE BUILDERS LODGE NO. 376 FREE AND ACCEPTED MAS**

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**

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

**59-1760809**

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 ST  
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 **SD** ☒ Delete  
NAME **LANCASTER, WILLIAM G**  
STREET ADDRESS **4026 VIA MIRADA**  
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
NAME **Harrison Reed Ragland Jr**  
STREET ADDRESS **2501 Juniper Pl**  
CITY-ST-ZIP **Sarasota FL 34239-4127** ☐ Change ☐ Addition

TITLE **SWD** ☒ Delete  
NAME **STOLP, ERNEST E JR**  
STREET ADDRESS **2934 LOUISE ST**  
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **SENIOR WARDEN (D)** ☒ Change ☐ Addition  
NAME **Salvatore Joseph Naimo**  
STREET ADDRESS **5691 Halifax Dr**  
CITY-ST-ZIP **Sarasota FL 34233-3395** ☐ Change ☐ Addition

TITLE **JWD** ☒ Delete  
NAME **NAIMO, SALVATORE J**  
STREET ADDRESS **5691 HALIFAX DR**  
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **JUNIOR WARDEN (D)** ☒ Change ☐ Addition  
NAME **JAMES HAROLD WELCH**  
STREET ADDRESS **5815 SANDY POINTE DR**  
CITY-ST-ZIP **SARASOTA FL 34233** ☐ Change ☐ Addition

TITLE **T** ☐ Delete  
NAME **CLADIN, DAVID G**  
STREET ADDRESS **2169 MAIN ST**  
CITY-ST-ZIP **SARASOTA FL 34237-3823**

TITLE **SECRETARY (D)** ☒ Change ☐ Addition  
NAME **Derl B Smith**  
STREET ADDRESS **5694 HALIFAX DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34233-3339** ☐ Change ☐ Addition

TITLE **WMD** ☒ Delete  
NAME **SMITH, DERL B**  
STREET ADDRESS **5694 HALIFAX DR**  
CITY-ST-ZIP **SARASOTA FL 34233-3339**

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: **Derl B. Smith, Sec.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)