

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90117 001 *1,408.75

DOCUMENT # C10241

1. Entity Name

**THE BUILDERS LODGE NO. 376 FREE AND ACCEPTED MAS
ONS OF FLORIDA**

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 **WMD** ☒ Delete
NAME **RAGLAND, HARRISON R JR**
STREET ADDRESS **2501 JUNIPER PL**
CITY-ST-ZIP **SARASOTA FL 34239-4127**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
NAME **James Harold Welch**
STREET ADDRESS **5815 Sandy Pointe Dr**
CITY-ST-ZIP **Sarasota FL 34233**

TITLE **SWD** ☒ Delete
NAME **NAIMO, SALVATORE J**
STREET ADDRESS **5691 HALIFAX DR**
CITY-ST-ZIP **SARASOTA FL 34233-3395**

TITLE **SENIOR WARDEN (D)** ☐ Change ☒ Addition
NAME **Robert Paul Lang**
STREET ADDRESS **834 OAK VISTA DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232-1706**

TITLE **JWD** ☐ Delete
NAME **WELCH, JAMES H**
STREET ADDRESS **5815 SANDY POINTE DR**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **JUNIOR WARDEN (D)** ☐ Change ☒ Addition
NAME **Jerry Joipen Russell**
STREET ADDRESS **8345 BRANDIES CT**
CITY-ST-ZIP **SARASOTA FL 34243**

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

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

TITLE **S** ☐ 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

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: DERL B SMITH **REC'D** **Amrit, Sec. 35-02** **941-357-7619**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)