

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10267

1. Entity Name

BUSHNELL LODGE NO. 30 FREE AND ACCEPTED MASONS O

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 32202-3218

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

59-2394225

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

TITLE JWD  
NAME POUST, FREDERICK R  
STREET ADDRESS 4596 COUNTY RD 305  
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538 ☒ Delete

TITLE TD  
NAME BOYNE, DONALD S  
STREET ADDRESS 111 N FLORIDA ST  
CITY-ST-ZIP BUSHNELL FL 33513 ☒ Delete

TITLE D  
NAME GREENE, DAVID KENT  
STREET ADDRESS PO BOX 517 N/A  
CITY-ST-ZIP CENTER HILL FL 33514-0517 ☒ Delete

TITLE SD  
NAME SWEETAPPLE, LEWIS JR  
STREET ADDRESS PO BOX 57 N/A  
CITY-ST-ZIP SUMTERVILLE FL 33585-0057 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11.

TITLE JUNIOR WARDEN  
NAME Arthur Louis Gray  
STREET ADDRESS 11380 US Hwy 301  
CITY-ST-ZIP Webster FL 33597 ☐ RECTORS IN 10 ☐ Change ☒ Addition

TITLE TREASURER  
NAME Dale Leroy Smith  
STREET ADDRESS P O BOX 538 N/A  
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538-0538 ☐ Change ☒ Addition

TITLE WORSHIPFUL MASTER  
NAME Ovis Leon Britt  
STREET ADDRESS PO Box 1575 N/A  
CITY-ST-ZIP Lake Panasoffkee FL 33538 ☐ Change ☒ Addition

TITLE SECRETARY  
NAME Donald Stuart Boyne  
STREET ADDRESS 111 N Florida St  
CITY-ST-ZIP Bushnell FL 33513 ☐ Change ☒ Addition

TITLE SENIOR WARDEN  
NAME Frederick Robert Poust  
STREET ADDRESS 4596 County Road 305  
CITY-ST-ZIP Lake Panasoffkee FL 33538-3 ☐ 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:

*Donald S. Boyne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)