

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-08-2002 90117 001 *1,408.75

DOCUMENT # C10267

1. Entity Name

**BUSHNELL LODGE NO. 30 FREE AND ACCEPTED MASONS O
 F 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 **59-2394225**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SWD** ☐ Delete
 NAME **GRAY, ARTHUR L**
 STREET ADDRESS **11380 U.S. HIGHWAY 301**
 CITY-ST-ZIP **WEBSTER FL 33597**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
 NAME **Arthur Louis Gray**
 STREET ADDRESS **11380 US Hwy 301**
 CITY-ST-ZIP **Webster FL 33597**

TITLE **TD** ☒ Delete
 NAME **SMITH, DALE L**
 STREET ADDRESS **P.O. BOX 538**
 CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538-0538**

TITLE **SENIOR WARDEN (D)** ☒ Change ☐ Addition
 NAME **James Randolph Forbes**
 STREET ADDRESS **P.O. Box 877 N/A**
 CITY-ST-ZIP **Lake Panasoffkee FL 33538**

TITLE **JWD** ☐ Delete
 NAME **FORBES, RANDY**
 STREET ADDRESS **PO BOX 877**
 CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE **JUNIOR WARDEN (D)** ☒ Change ☐ Addition
 NAME **Amon Austin Scoggins**
 STREET ADDRESS **33013 Round Table Road**
 CITY-ST-ZIP **Dade City FL 33525**

TITLE **SD** ☐ Delete
 NAME **BOYNE, DONALD S**
 STREET ADDRESS **103 N FLORIDA STREET**
 CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE **TREASURER (D)** ☒ Change ☐ Addition
 NAME **Frederick Robert Poust**
 STREET ADDRESS **4596 County Road 305**
 CITY-ST-ZIP **Lake Panasoffkee FL 33538**

TITLE **SWD** ☐ Delete
 NAME **POUST, FRED R**
 STREET ADDRESS **4596 COUNTY ROAD 305**
 CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

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

Date **3/18/02**

Daytime Phone # **904-354-2339**

CR2E037 (9/01)