

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90060 001 \*\*\*857.50

**DOCUMENT # C10271**

1. Entity Name  
**GREENVILLE LODGE NO. 28 FREE AND ACCEPTED MASONS OF FLORIDA**

Principal Place of Business <b>C/O ROY CONNOR SHEPPARD                  220 OCEAN ST.                  JACKSONVILLE FL 32202</b>	Mailing Address <b>C/O ROY CONNOR SHEPPARD                  220 OCEAN ST.                  JACKSONVILLE FL 32202</b>
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DO NOT WRITE IN THIS SPACE

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 <b>23-7526341</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**SHEPPARD, ROY CONNOR  
 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	<b>FL</b> 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 \_\_\_\_\_

**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 NAME <input checked="" type="checkbox"/> <b>WMD CONE, FOUNTAIN C JR.</b>	<input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>RT. 4 BOX 337</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PERRY FL 32347-9461</b>		CITY-ST-ZIP	
TITLE NAME <input checked="" type="checkbox"/> <b>SD HUTTO, DARROW E</b>	<input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>P.O. BOX 308 N/A</b>		STREET ADDRESS	
CITY-ST-ZIP <b>GREENVILLE FL 32331-0147</b>		CITY-ST-ZIP	
TITLE NAME <input checked="" type="checkbox"/> <b>SWD SHERROD, JAMES-ZORN</b>	<input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>P.O. BOX 596, N/A</b>		STREET ADDRESS	
CITY-ST-ZIP <b>GREENVILLE FL 32331</b>		CITY-ST-ZIP	
TITLE NAME <input checked="" type="checkbox"/> <b>JWD BROWN, BOBBY J</b>	<input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>RR 2 BOX 160</b>		STREET ADDRESS	
CITY-ST-ZIP <b>GREENVILLE FL 32331-9514</b>		CITY-ST-ZIP	
TITLE NAME <input checked="" type="checkbox"/> <b>TD SCARBORO, JAMES R</b>	<input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>P.O. BOX 333</b>		STREET ADDRESS	
CITY-ST-ZIP <b>GREENVILLE FL 32331-0333</b>		CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> _____	<input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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* **SIGNATURE REQUIRED** *Darrow E. Hutto, Sec* **4/01/02** **850-942-4431**

CR2E037 (9/01)