

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90525 001 ***980.00

DOCUMENT # C10272

1. Entity Name

EUSTIS LODGE NO. 85 FREE AND ACCEPTED MASONS 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

59-0826159

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 STREET
 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 NAME STREET ADDRESS CITY-ST-ZIP	WMD BOLDERSON, JACK E 29119 SHORT ST LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOOD, GLENN LELAND 114 W. GOLF LINKS AVE EUSTIS FL 32726-6116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD KRUNIC, GEORGE M 38200 COUNTY ROAD 439 EUSTIS FL 32736	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLESSNER, FREDERICK W P O BOX 895155 N/A LEESBURG FL 34789-5155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD O'NEILL, WILLARD N 29234 BEAUCLAIRE DR TAVARES FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) George Milan Krunic 38200 County Rd 439 Eustis FL 32736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) Willard Noel O'Neill 29234 BEAUCLAIRE DR TAVARES FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) Todd Bradley Wardingley 36301 STRATFORD CT GRAND ISLAND FL 32735	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) FREDERICK William Glessner 730 MCKENZIE ST LEESBURG FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) Leonard Alfred LaBranche 33505 BARKSDALE DR LEESBURG FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.

Leonard A. LaBranche, Sec.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 25 March 2002 1-352-343-0436

CR2E037 (9/01)