

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91540 001 *4,471.25

DOCUMENT # C10279

1. Entity Name

**HIGHLAND CITY LODGE NO. 285 FREE AND ACCEPTED MA
 SONS OF FLORIDA**

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202
 US**

**ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202
 US**

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

23-7526511

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 **WMD** ☒ Delete
 NAME **WHELPLEY, RUSSELL P**
 STREET ADDRESS **745 AVENUE A.S.W. APT # 605**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
 NAME **Peter Robert Benton**
 STREET ADDRESS **5244 Waterwood Run**
 CITY-ST-ZIP **Bartow FL 33830**

TITLE **SWD** ☐ Delete
 NAME **BENTON, PETER R**
 STREET ADDRESS **5244 WATERWOOD RUN**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE **SENIOR WARDEN (D)** ☐ Change ☒ Addition
 NAME **John Joseph Halley Jr**
 STREET ADDRESS **2055 S Floral Ave #224**
 CITY-ST-ZIP **Bartow FL 33830**

TITLE **JWD** ☒ Delete
 NAME **BENTON, PETER R**
 STREET ADDRESS **5244 WATERWOOD RUN**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE **JUNIOR WARDEN (D)** ☐ Change ☒ Addition
 NAME **Clarence Curtis Roberts**
 STREET ADDRESS **P.O. Box 1024 N/A**
 CITY-ST-ZIP **Highland City FL 33846**

TITLE **TO** ☐ Delete
 NAME **KRAMER, ARNOLD R**
 STREET ADDRESS **163 BONNIE DR**
 CITY-ST-ZIP **AUBURNDAL FL 33547**

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

TITLE **SD** ☐ Delete
 NAME **BARLOW, PIERCE B**
 STREET ADDRESS **8911 CARROLWOOD**
 CITY-ST-ZIP **LAKELAND FL 33810**

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 PIERCE B. BARLOW, Sec. 2-27 2002 (843) 858-1201**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)