

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90323 001 *1,286.25

DOCUMENT # C10279

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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

**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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
ROBERTS, CLARENCE C
PO BOX 1024
HAINES CITY FL 33846** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KRAMER, ARNOLD R
163 BONNIE DR
AUBURNDALE FL 33547** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
HALLEY, JOHN J JR
2055 S FLORAL AVE #224
BARTOW FL 33830** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORSHIPFUL MASTER (D) ☐ Change ☒ Addition
Eddy Lanier Merritt
P O Box 639 N/A
Highland City FL 33846**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D) ☐ Change ☒ Addition
Claud Charles Cheahire
1401 77TH AVE N
Saint Petersburg FL 33702-5** ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☒ Addition
Warren Albert Fletcher
2444 PARK PASS
LAKELAND FL 33805** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER (D) ☒ Addition
Russell Philip Whelpley
327 LISA ST
LAKELAND FL 33815** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: **Pierce B. Barlow** **3-4-03** **904-354-2339**

CR2E037 (10/02)