2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10287 1. Entity Name

changed, or on an attach,

SIGNATURE:

SEMINOLE LODGE NO. 304 FREE AND ACCEPTED MASONS

04-26-2000 90567 001 *2,695.00 Principal Place of Business Mailing Address C/O ROY CONNOR SHEPPARD C/O ROY CONNOR SHEPPARD 220 OCEAN ST. 220 OCEAN ST. JACKSONVILLE FL 32202-3218 JACKSONVILLE FL 32202 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1885254 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202 City 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 DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** COLUMN STORY COES TO VILLEGEDS AND D CTORS IN 10 OFFICERS AND DIRECTORS 11. 10. WORSHIPFUL MASTER (D) WMD Delete TITLE Richard Baron Dressler aloi. Sebastian W NAME 7615 NW 85th Terr STREET ADDRESS STREET ADDRESS 5520 SW 43RD TERRACE CITY-ST-7IP CITY-ST-ZIP Plantation FL 33322 Fort Lauderdale FL 33314 ☐ Addition . X Change TITLE Delete TITLE (D) SENIOR WARDEN NAME BARON DRESSLER, RICHARD NAME Ronald Irwin Tuttle STREET ADDRESS STREET ADDRESS 106 ROYAL PARK DR 8431 NW 78th Ct CITY-ST-ZiP CITY-ST-ZIP oakland p<u>ark FL 33309</u> Taramac FL 33321 ☐ Addition Delete TITLE Change TITLE **DWL** JUNIOR WARDEN (D) IRWIN TUTTLE, RONALD NAME STREET ADDRESS William A Edwards STREET ADDRESS 8431 NW 38TH CT 1500 NE 18th Ave CITY-ST-7JP CITY-ST-ZIP <u>tamarac FL 33321</u> Ft Lauderdale FL 33304 ☐ Delete Addition TITLE TITLE TD NAME lee tallmadge, ronald NAME STREET ADDRESS STREET ADDRESS 5560 SW 2ND CT CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33317-3571 (D) Change □ Delete TITLE TITLE SECRETARY NAME NAME James Scrafford Ewart STREET ADDRESS STREET ADDRESS P. O. Box 5482 CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale FL 33310-Delete TITLE TITLE NAME NAME 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

ith an address, with all other like empowe

FILED

Apr 26, 2000 8:00 am

Secretary of State