

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90528 001 ***918.75

DOCUMENT # C10290

1. Entity Name

SUGARLAND LODGE NO. 281 FREE AND ACCEPTED MASONS

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

23-7526507

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 ST
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.

(NOT 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

TITLE	SWD	☒ Delete
NAME	ALDRIDGE, ALVIN	
STREET ADDRESS	614 SABAL AVENUE	
CITY-ST-ZIP	CLEWISTON FL 33440-5007	
TITLE	JWD	☒ Delete
NAME	FIELDER, ROBERT D	
STREET ADDRESS	TAFT BLVD, FLAGHOLO	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	WMD	☒ Delete
NAME	MICKEY, GLENN R	
STREET ADDRESS	716 BOWDEN ROAD	
CITY-ST-ZIP	CLEWISTON FL 33440-5019	
TITLE	TD	☐ Delete
NAME	VEALE, DAVID JACKSON	
STREET ADDRESS	PO BOX 861 N/A	
CITY-ST-ZIP	CLEWISTON FL 33440-0861	
TITLE	SD	☒ Delete
NAME	WYNN, THADIS WINDLE	
STREET ADDRESS	P.O. BOX 72 N/A	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WORSHIPFUL MASTER (D)	☐ Change ☐ Addition
NAME	Alvin Akridge	
STREET ADDRESS	614 Sabal Ave	
CITY-ST-ZIP	Clewiston Fl 33440-5007	☐ Change ☐ Addition
TITLE	SENIOR WARDEN (D)	☐ Change ☐ Addition
NAME	Robert Dale Fielder	
STREET ADDRESS	Taft Blvd Flagholo	
CITY-ST-ZIP	Clewiston FL 33440	☐ Change ☐ Addition
TITLE	JUNIOR WARDEN (D)	☐ Change ☐ Addition
NAME	Howard Thomas Ankney	
STREET ADDRESS	1192 River Bend Dr	
CITY-ST-ZIP	LaBelle FL 33935	☐ Change ☐ Addition
TITLE	SECRETARY (D)	☐ Change ☐ Addition
NAME	Wayne Lenoel Wilkins	
STREET ADDRESS	Po Box 751 N/A	
CITY-ST-ZIP	Clewiston Fl 33440-0751	☐ Change ☐ Addition
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: *Wayne Lenoel Wilkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01 **904-354-2339**

CR2E037 (10/00)