2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State
04-08-2002 90117 001 *1,408.75

000271B

DOCUMENT # C10290

1. Entity Name

SUGARLAND LODGE NO. 281 FREE AND ACCEPTED MASONS 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

DO NOT WRITE IN THIS SPACE

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. (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	SWD FIELDER, ROBERT D TAFT BV FLAGHOLO CLEWISTON FL 33440-5007	☒ Delete	WORSHIPFUL MASTER (D) David Jackson Veale Po Box 861 N/A Clewiston Fl 33440-0861	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD ANKNEY, HOWARD T 1192 RIVER BEND DR LABELLE FL 33935	☐ Delete	SENIOR WARDEN (D) Howard Thomas Ankney 1192 River Bend Dr LaBelle FL 33935	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WMD AKRIDGE, ALVIN 614 SABAL AV CLEWISTON FL 33440	☐ Delete	JUNIOR WARDEN (D) Teodoro H Reyes 224 Desoto Ave. Clewiston FL 33440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VEALE, DAVID JACKSON PO BOX 861 N/A CLEWISTON FL 33440-0861	☐ Delete	TREASURER (D) Alvin Akridge 614 Sabal Ave Clewiston Fl 33440-5007	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILKINS, WAYNE L PO BOX 751 CLEWISTON FL 33440	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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. Wayne L. Wilkins, Sec.

SIGNATURE: X Wayne L. Wilkins 3-8-02 904-354-2339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #