

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10291

1. Entity Name

NORTHWOOD LODGE NO. 303 FREE AND ACCEPTED MASONS

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90046 001 *6,125.00

Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218 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 59-1404904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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.

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. SENIOR CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, COLIN M 417 PUTNAM RD W PALM BCH FL 33405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard Ely Philbrick 530 32nd St West Palm Beach FL 33407-4812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD PPHILBRICK, RICHARD E 530 32ND ST WEST PALM BEACH FL 33407-4812 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Donald Hollywood 3404 Broadway West Palm Beach FL 33407-4840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, JEFFREY J P O BOX 8403 N/A W PALM BCH FL 33407-0403 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRANKLIN, JEFFREY J. PO BOX 8403 W PALM BEACH FL 33407-0403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROUGHTON, HAROLD F 1768 SW SPRINGFIELD CT PALM CITY FL 34990-4709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AKINS, CARL EMORY 136 WINTER PARK LANE PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED **CARL E. AKINS** 3/1/00 561-624-6860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)