

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10293

1. Entity Name

OCEANWAY LODGE NO. 279 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 <b>ROY CONNOR SHEPPARD</b> <b>220 OCEAN ST</b> <b>JACKSONVILLE FL 32202</b>	Mailing Address <b>ROY CONNOR SHEPPARD</b> <b>220 OCEAN ST</b> <b>JACKSONVILLE FL 32202-3218</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1641891</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SHEPPARD, ROY CONNOR</b> <b>220 OCEAN ST</b> <b>JACKSONVILLE FL 32202</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD BARR, FRED W JR 819 FIELDS RD JACKSONVILLE FL 32218-3842 <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	SWD SHAW, JAMES EDWARD JR 11787 HIGH PLAINS DR E JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Melvin Nash PO Box 3953 N/A Jacksonville FL 32206-0953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RITTER, ROBERT GAROLD 3777 STARRATT RD JACKSONVILLE FL 32226-1349 <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	TD GRIFFIS, MONROE TATE 113626 BENTON RD JACKSONVILLE FL 32218-6813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Clifford Elmer Rainake 330 PONCE BLVD JACKSONVILLE FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD NASH, MELVIN PO BOX 3953 JACKSONVILLE FL 32206-0953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robin Orville Walker 263 Baisden Rd Jacksonville FL 32218
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: *Robert G. Ritter* **3-7-00** **904-358-0311**

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

CR2E037 (9/99)