2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10294 1. Entity Name LEHIGH ACRES LODGE NO. 344 FREE AND ACCEPTED MAS

FILED Mar 15, 2000 8:00 am Secretary of State

03-15-2000 90138 001 *8,207.50

Principal Place of Business		Mailing Address				1				
C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US		C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218 US			 			######################################		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	e	City 8	City & State			4. FEI Number Applied For Not Applied For Not Applied For			Applied For Not Applicable	
Zip Country			.,	Country			5. Certificate of Status Desired			
	6. Name and Address of Current	Registered	l Agent	<u> </u>		7. Name and Add	ress of New Registers	ed Agent		
			N	ame						
SHEPPARD, ROY CONNOR 220 OCEAN STREET				S	treet Address	P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32202				-	ity			Zip C	ode	
	named entity submits this statement fo									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOW: FEE IS \$61.25 DATE Make Check Payable to Department of State										
10.	OFFICERS AND DIF	ECTORSI		11.	<u> </u>	ADDITIONS/CHANG	FS TO OFFICERS AND	DIRECTORS	SIN 10	
TITLE	JWD	120701101	Delete	TITLE	 JUN	IOR WARDER		Chang		
NAME STREET ADDRESS CITY-ST-ZIP	LAVINE, KENNETH J			NAME STREET AD	NAME Helmut Martin Reimer STREET ADDRE 715 Grant Ave CITY-ST-ZIP Lehigh Acres FL 33972					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEETS, JACK M 1440 ARCHER ST LEHIGH ACRES FL 33972		Delete	TITLE NAME STREET AD CITY-ST-7	DRESS			☐ Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD HORSELING, WILLIAM 310 NORTH AVE LEHIGH ACRES FL 33972-5145		Delete	TITLE NAME STREET AC CITY-ST-7	Ch	Pierce St	iam Martir		ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD MARTIN, CHARLES W 71 PIERCE STREET LEHIGH ACRES FL 33972		Delete	TITLE NAME STREET AD CITY-ST-2	SEI Kei DRES 212	NIOR WARDE nneth Jose 2 Robert A	N (D) ph LaVine ve	Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMPBELL, ROBERT L 1501 MEDFORD PL LEHIGH ACRES FL 33936-5941		☐ Delete	TITLE NAME STREET AD CITY-ST-2	DRESS	HIJH ALPEX	FL 33972-	= 4 <u>루</u> 트inç	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AD CITY-ST-2	IIP .			☐ Chang		
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is corration or the receiver or trustee empre	this filing of true and a	toes not qualify for ccurate and that n	r the exempti ny signature	on stated in S shall have the	Section 119.07(3)(i), Flo e same legal effect as i	orida Statutes. I further if made under oath; that display appear	certify that that I am an office	e information cer or director	

Charles W. Martin, w.M. changed, or on an attachment with an address,

SIGNATURE:

2-28-00

(941) 369-1953

Daytime Phone #