

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91540 001 \*4,471.25

0002357

**DOCUMENT # C10294**

1. Entity Name

**LEHIGH ACRES LODGE NO. 344 FREE AND ACCEPTED MAS  
 ONS OF FLORIDA**

Principal Place of Business

Mailing Address

**C/O ROY CONNOR SHEPPARD  
 220 OCEAN ST  
 JACKSONVILLE FL 32202  
 US**

**C/O 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

**59-1379537**

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 STREET  
 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 **JWD** ☒ Delete  
 NAME **ROGERS, JODY**  
 STREET ADDRESS **1820 TRUMAN AVENUE**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
 NAME **Helmut Martin Reimer**  
 STREET ADDRESS **PO BOX 394 N/A**  
 CITY-ST-ZIP **Lehigh Acres FL 33970-0394**

TITLE **SD** ☐ Delete  
 NAME **SHEETS, JACK M**  
 STREET ADDRESS **1440 ARCHER ST**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE **SENIOR WARDEN (D)** ☒ Addition  
 NAME **James Frederick Rose**  
 STREET ADDRESS **111 Florida Rd**  
 CITY-ST-ZIP **Lehigh Acres FL 33936-6135**

TITLE **WMD** ☒ Delete  
 NAME **LAVINE, KENNETH J**  
 STREET ADDRESS **212 ROBERT AVENUE**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33972-5422**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SWD** ☐ Delete  
 NAME **REIMER, HELMUT M**  
 STREET ADDRESS **715 GRANT AVE**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☐ Delete  
 NAME **CAMPBELL, ROBERT L**  
 STREET ADDRESS **1501 MEDFORD PL**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33936-5941**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ 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.

**Helmut M. Reimer, W.M.**

**904-354-2339**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)