

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90480 001 \*2,817.50

**DOCUMENT # C10302**

1. Entity Name

**COMMUNITY LODGE NO. 292 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**

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

**23-7162137**

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

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>WMD</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WARREN, JOHN WAYNE</b>     |  |
| STREET ADDRESS | <b>PO BOX 11588</b>           |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33680-1588</b>    |  |
| TITLE          | <b>SWD</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>SPIVEY, HARVEY H</b>       |  |
| STREET ADDRESS | <b>8401 DEXTER AVENUE</b>     |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33604</b>         |  |
| TITLE          | <b>JWD</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>CECIL MILLER, BILLY</b>    |  |
| STREET ADDRESS | <b>2207 N 35TH STREET</b>     |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33605</b>         |  |
| TITLE          | <b>TD</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>ARNOLD GLISSON, HAROLD</b> |  |
| STREET ADDRESS | <b>1403 W BURGER STREET</b>   |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33604-1109</b>    |  |
| TITLE          | <b>SD</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>CORNELL RYON, RICHARD</b>  |  |
| STREET ADDRESS | <b>2504 CHAPEL WAY</b>        |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33618-4505</b>    |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>WORSHIPFUL MASTER (D)</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Harvey Hayward Spivey</b> |  |
| STREET ADDRESS | <b>8401 Dexter Ave.</b>      |  |
| CITY-ST-ZIP    | <b>Tampa FL 33604-1301</b>   |  |
| TITLE          | <b>SENIOR WARDEN (D)</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Billy Cecil Miller</b>    |  |
| STREET ADDRESS | <b>2207 N. 35th St</b>       |  |
| CITY-ST-ZIP    | <b>Tampa FL 33605-4424</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE          | <b>JUNIOR WARDEN (D)</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Wesley Ray Register</b>   |  |
| STREET ADDRESS | <b>17001 MELBA LANE</b>      |  |
| CITY-ST-ZIP    | <b>LUTZ FL 33549-5618</b>    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

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: X** *Richard C. Ryon, Sec.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)