

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10306

1. Entity Name

COMPOSITE LODGE NO. 293 FREE AND ACCEPTED MASONS

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

03-29-2000 90046 001 *6,125.00



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 23-7107162	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	WMD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, GARY A	
STREET ADDRESS	2708 CORAL REEF DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, JOHN J	
STREET ADDRESS	1704 LAKE LORINE DR	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, STEVEN L	
STREET ADDRESS	802 ROSEMIST CT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMSON, JESSE LEE	
STREET ADDRESS	4401 LORING PL	
CITY-ST-ZIP	ORLANDO FL 32812-1964	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOW, GEORGE MAURICE	
STREET ADDRESS	5270 LIMA PL	
CITY-ST-ZIP	ORLANDO FL 32807-1625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. DIRECTORS IN 10

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John J O'Brien	
STREET ADDRESS	1704 Lake Lorine Dr	
CITY-ST-ZIP	Orlando FL 32808-6170	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven Leeroy Allen	
STREET ADDRESS	802 Rosemist Ct	
CITY-ST-ZIP	OCOE FL 34761-3412	
TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Clarence Wagner	
STREET ADDRESS	1382 Candleway Creek Dr	
CITY-ST-ZIP	Orlando FL 32822	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(l), 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: *George M. Dow* **George M. Dow** **3/3/00** **407-299-5000**

CR2E037 (9/99)