

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-29-2002 91540 001 *4,471.25

0002390

DOCUMENT # C10335

1. Entity Name

**CARY B. FISH LODGE NO. 346 FREE AND ACCEPTED MAS
ONS OF FLORIDA**

Principal Place of Business

Mailing Address

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

**C/O ROY CONNOR SHEPPARD
220 OCEAN STREET
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

23-7136822

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 NAME STREET ADDRESS CITY-ST-ZIP	SWD KALTSAS, HARVEY J 505 S ORANGE AVENUE SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD DICICCO, FRANK 3721 MALEC CIRCLE SARASOTA FL 34233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD KLABEL, STEPHEN M 5001 SEVILLE DRIVE SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISE, ROBERT D 3337 SPRINGMILL CIRCLE SARASOTA FL 34239	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PROZZO, GEORGE P 2251 BROOKHAVEN DRIVE SARASOTA FL 34239-4324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Harvey James Kaltsas 505 S Orange Ave Sarasota FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Frank DiCicco 3721 MALEC CIR SARASOTA FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jack E Nersinger 636 W Lake Dr Sarasota FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Paul Thomas Morton 3917 Tropicair Blvd Northport FL 34287
TITLE 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:

SIGNATURE *George P. Prozzo* **4/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.P. PROZZO Date

941-922-4198 Daytime Phone #

CR2E037 (9/01)