

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10342

1. Entity Name

FELLOWSHIP LODGE NO. 265 FREE AND ACCEPTED MASON

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90071 001 \*\*\*490.00

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD  
 220 OCEAN ST  
 JACKSONVILLE FL 32202  
 US

ROY CONNOR SHEPPARD  
 220 OCEAN ST  
 JACKSONVILLE FL 32202-3218  
 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

59-6143121

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.

ND DIRECTORS IN 10

TITLE SWD ☒ Delete  
 NAME EDSON, STEPHEN D  
 STREET ADDRESS 9513 FIELDVIEW CIR  
 CITY-ST-ZIP THONOTOSASSA FL 33592-3514

SENIOR WARDEN (D) ☒ Change ☐ Addition  
 NAME Douglas Anthony Furco  
 STREET ADDRESS 2302 S Manhattan Ave #313  
 CITY-ST-ZIP Tampa FL 33629

TITLE SD ☒ Delete  
 NAME LUSE, ORVILLE R  
 STREET ADDRESS 306 N. LINCOLN AVE  
 CITY-ST-ZIP TAMPA FL 33609

SECRETARY (D) ☒ Change ☐ Addition  
 NAME Stephen Douglas Edson  
 STREET ADDRESS 9513 Fieldview Cir  
 CITY-ST-ZIP Thonotosassa FL 33592-3514

TITLE WMD ☒ Delete  
 NAME SLOGGETT, RICHARD W  
 STREET ADDRESS 22322 WILLOW LAKES DRIVE  
 CITY-ST-ZIP LUTZ FL 33549

WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
 NAME David Derrell Ehret  
 STREET ADDRESS 18303 Dolly Brook Ln  
 CITY-ST-ZIP Lutz FL 33549-5828

TITLE TD ☐ Delete  
 NAME AGSTER, RICHARD S  
 STREET ADDRESS 417 W. DAVIS BLVD  
 CITY-ST-ZIP TAMPA FL 33606

☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

JUNIOR WARDEN (D) ☐ Change ☒ Addition  
 NAME Gary Lee Payne  
 STREET ADDRESS 5614 Glencrest Blvd  
 CITY-ST-ZIP Tampa FL 33629

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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. *Stephen D. Edson, Sec.* 904-354-2339

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)