

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90107 001 ***673.74

DOCUMENT # C10342

1. Entity Name

**FELLOWSHIP LODGE NO. 265 FREE AND ACCEPTED MASON
 S 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

4. FEI Number

59-6143121

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ☒ **SWD**
 NAME ☒ **FUSCO, DOUGLAS A**
 STREET ADDRESS **13931 CHANDRON DR**
 CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☒ **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
 NAME **Gary Lee Payne**
 STREET ADDRESS **5614 Glencrest Blvd**
 CITY-ST-ZIP **Tampa FL 33625**

TITLE ☒ **SW**
 NAME ☒ **PAYNE, GARY L**
 STREET ADDRESS **5614 GLENCREST BV**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☒ **SENIOR WARDEN (D)** ☒ Change ☐ Addition
 NAME **William Garvie Stuart**
 STREET ADDRESS **4103 W Horatio St**
 CITY-ST-ZIP **Tampa FL 33609-3853**

TITLE ☒ **JW**
 NAME ☒ **STUART, WILLIAM G**
 STREET ADDRESS **4103 W HORATIO ST**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ **JUNIOR WARDEN (D)** ☐ Change ☒ Addition
 NAME **Charles N Hamm**
 STREET ADDRESS **16460 Offenhour Rd**
 CITY-ST-ZIP **Odeisa FL 33556**

TITLE ☒ **TD**
 NAME ☒ **BULLARD, ROBERT W**
 STREET ADDRESS **4835 BONITA VISTA DR**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☒ **TREASURER (D)** ☒ Change ☐ Addition
 NAME **Douglas Anthony Fusco**
 STREET ADDRESS **13931 CHANDRON DR**
 CITY-ST-ZIP **ODESSA FL 33556-4327**

TITLE ☒ **JWD**
 NAME ☒ **PAYNE, GARY L**
 STREET ADDRESS **5614 GLENCREST BLVD.**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☒ **SECRETARY (D)** ☐ Change ☒ Addition
 NAME **Stephen Douglas Edson**
 STREET ADDRESS **3105 Lakestone Dr**
 CITY-ST-ZIP **Tampa FL 33618-1120**

TITLE ☐
 NAME ☐
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ 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: *Stephen D. Edson, Sec*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-02

813-918-2245

CR2E037 (9/01)