

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-29-2002 91540 001 *4,471.25

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DOCUMENT # N000000000864

1. Entity Name

**VERITAS LODGE NO. 396, INC. FREE AND ACCEPTED MA
 SONS OF FLORIDA**

Principal Place of Business

Mailing Address

**C/O ROY CONNOY SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202**

**C/O ROY CONNOY SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202**

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

65-0934113

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 **D** ☐ Delete
 NAME **BEASCH, KEITH E**
 STREET ADDRESS **P.O. BOX 1119**
 CITY-ST-ZIP **MARCO ISLAND FL 34146-1119**

TITLE **SENIOR WARDEN** (D) ☒ Change ☐ Addition
 NAME **Donald L Dunmire**
 STREET ADDRESS **3132 50TH ST S W**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE **D** ☐ Delete
 NAME **BUCKLEY, FREDERICK H**
 STREET ADDRESS **623 PALM DR**
 CITY-ST-ZIP **NAPLES FL 34114**

TITLE **JUNIOR WARDEN** (D) ☐ Change ☒ Addition
 NAME **Robert Duane Taylor**
 STREET ADDRESS **442 CRICKET LAKE DR**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** ☒ Delete
 NAME **BLACK, SEAN C**
 STREET ADDRESS **682 W. ERICAM CIRCLE #1315**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **ELLIOTT, THOMAS A**
 STREET ADDRESS **4818 CORTEZ CIR**
 CITY-ST-ZIP **NAPLES FL 34112-3712**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **DUNMIRE, DONALD**
 STREET ADDRESS **3152 50TH ST SW**
 CITY-ST-ZIP **NAPLES FL 34146**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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:

Thomas A. Elliott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-02

941-798-3467

Date Daytime Phone #

CR2E037 (9/01)