

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90411 001 \*1,653.75

**DOCUMENT # N02000001396**

1. Entity Name

**UNITY LODGE NO. 333, INC., FREE AND ACCEPTED MAS  
ONS OF FLORIDA**



Principal Place of Business

~~421 JENNINGS AVE.  
GREENACRES FL 33460~~

Mailing Address

~~421 JENNINGS AVE.  
GREENACRES FL 33460~~

2. Principal Place of Business

**220 Ocean St**

3. Mailing Address

**220 Ocean St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville FL**

City & State

**Jacksonville FL**

Zip

**32202**

Country

Zip

**32202**

Country

4. FEI Number

**04-3612523**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY C  
220 OCEAN ST.  
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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. Dean Hearley
STREET ADDRESS	120 Wedgewood Lake South
CITY - ST - ZIP	Green Acres FL 33463
TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Samuel Schooley
STREET ADDRESS	2599 W CARANDIS RD
CITY - ST - ZIP	WEST PALM BEACH FL 33406
TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Wayne McGrew
STREET ADDRESS	850 HILL DR APT E
CITY - ST - ZIP	WEST PALM BEACH FL 33415
TITLE	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O. Samuel Schooley
STREET ADDRESS	1915 Laurel Ln
CITY - ST - ZIP	West Palm Beach FL 33406-6745
TITLE	TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Murray Beck
STREET ADDRESS	123 Lake Shore Blvd
CITY - ST - ZIP	North Palm Beach FL 33461

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:

*Robert Samuel Schooley, Sec*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/02)