2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90138 001 *8,207.50

DOCUMENT # N94000001102

1. Entity Name

FORT KING DAYLIGHT LODGE NO. 389, INC., FREE AND

Principal Place of Business	Mailing Address
C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202	C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202-3218

DO NOT WRITE IN THIS SPACE

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 59-3145053 ☐ 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 C 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	SD GRANT, MARK L JR 5400 SW 83RD PL OCALA FL 34476-3755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, BUCKHANNON C SR 4340 SE 57TH LANE OCALA FL 34480-8614	☒ Delete	TITLE / NAME / STREET ADDRES / CITY-ST-ZIP	WORSHIPFUL MASTER (D) Terry Jan Howard P O Box 1519 N/A Ocklawaha Fl 32179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD HOWARD, TERRY J P.O. BOX 1519 OCKLOWANA FL 32179	☐ Delete	TITLE / NAME / STREET ADDRE / CITY-ST-ZIP	JUNIOR WARDEN (D) Michael Hazelwood 12390 S W 16TH AVE OCALA FL 34473	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINCLAIR, GEORGE L 205 NE 53RD ST OCALA FL 34479	☒ Delete	TITLE / NAME / STREET ADDRE / CITY-ST-ZIP	SENIOR WARDEN (D) Edward Joseph Watts P O Box 1406 N/A Dunnelon Fl 34430-1406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LIPPINCOTT, DONALD R 4955 SE 148TH PL SUMMERFIELD FL 34991-4059	☒ Delete	TITLE / NAME / STREET ADDRES / CITY-ST-ZIP	TREASURER (D) George Leroy Sinclair 205 N.E. 53rd St Ocala FL 34479	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: X Mark L. Grant, Jr., Sec. REQUIRED 3/2/00 352-873-4773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #