

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001102

1. Entity Name

**FORT KING DAYLIGHT LODGE NO. 389, INC., FREE AND
ACCEPTED MASONS OF FLORIDA**

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

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 reinstalling)

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

TITLE	SD	☐ Delete
NAME	GRANT, MARK L JR	
STREET ADDRESS	5400 SW 83RD PL	
CITY-ST-ZIP	OCALA FL 34478-3755	
TITLE	WMD	☒ Delete
NAME	WATTS, EDWARD J	
STREET ADDRESS	P.O. BOX 1408	
CITY-ST-ZIP	DUNNELLAN FL 34430-1408	
TITLE	SWD	☐ Delete
NAME	HAZELWOOD, MICHAEL	
STREET ADDRESS	12390 S.W. 16TH AVENUE	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	JWD	☐ Delete
NAME	HOWARD, TERRY J	
STREET ADDRESS	P.O. BOX 1519	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	ID	☐ Delete
NAME	SINCLAIR, GEORGE L	
STREET ADDRESS	205 N.E. 53RD STREET	
CITY-ST-ZIP	OCALA FL 34479	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WORSHIPFUL MASTER (D)	☒ Change ☐ Addition
NAME	Michael Hazelwood	
STREET ADDRESS	6200 SE 46TH AVE RD	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	SENIOR WARDEN (D)	☒ Change ☐ Addition
NAME	George Leroy Sinclair	
STREET ADDRESS	205 N.E. 53rd St	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	JUNIOR WARDEN (D)	☒ Change ☐ Addition
NAME	Beekman Whitney Flatner	
STREET ADDRESS	1703-A W GLENEAGLES RD	
CITY-ST-ZIP	OCALA FL 34412-8454	
TITLE	TREASURER (D)	☒ Change ☐ Addition
NAME	Terry Jan Howard	
STREET ADDRESS	P O Box 1519 N/A	
CITY-ST-ZIP	Ocklawaha FL 32179	
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:

Michael Hazelwood, W.M.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02

(352) 629-5001

Date

Daytime Phone #

CR2E037 (9/01)