

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 28, 2000 8:00 am
Secretary of State

06-28-2000 90059 001 ***551.25

DOCUMENT # ~~XXXXXX~~ **N98000007341** **R**

Entity Name
N. MC NATT LODGE NO. 103 FREE AND ACCEPTED MASONS

Principal Place of Business
ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202

Mailing Address
ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE FL 32202

17956

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1979470

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROY CONNOR SHEPPARD
220 OCEAN STREET
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**

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**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution. ☐

Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HARRY S. LANCE (D) 8148 S.W. 54TH COURT OCALA, FL 34476
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RUDOLPH R. FONSECA, SR. P. O. BOX 1582 N/A INTERLACHEN, FL 32148
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition THOMAS J. CURLY, JR 2631 N.W. 74TH TERRACE CHIEFLAND, FL 32626
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ARTHUR E. BROWN 17110 N.E. 71ST PLACE HAWTHORNE, FL 32640
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GARY L. LOWERY P. O. BOX 1247 N/A PAXTON, FL 32538-1247
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Edward L. BRICKLE P.O. BOX 49 N/A LOCHLOOSA, FL 32662

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: *Edward L. Brickle* **5-23-2000 352-481-3552**