

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007341

1. Entity Name

I. N. MCNATT LODGE NO. 103, INC., FREE AND ACCEP  
TED MASONS OF FLORIDA

Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD  
220 N OCEAN STREET  
JACKSONVILLE FL 32202

C/O ROY CONNOR SHEPPARD  
220 N 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 59-1979470

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 N 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

TITLE ☒ WMD  
NAME FRANSECA, RUDOLPH R  
STREET ADDRESS PO BOX 1582  
CITY-ST-ZIP INTERLACHEN FL 32148 ☐ Delete

TITLE ☒ SWD  
NAME CURLEY, THOMAS J JR  
STREET ADDRESS 2631-N W 74TH TERR  
CITY-ST-ZIP CHIEFLAND FL 32626-9692 ☐ Delete

TITLE ☒ JWD  
NAME HERREN, PAUL FRANKLIN  
STREET ADDRESS 310 VAUSE LAKE ROAD  
CITY-ST-ZIP HAWTHORNE FL 32640 ☐ Delete

TITLE ☒ TD  
NAME ELLINGTON, JEFF MCMECKIN JR  
STREET ADDRESS PO BOX 128  
CITY-ST-ZIP HAWTHORNE FL 32640-0128 ☐ Delete

TITLE ☒ SD  
NAME BRICKLE, EDWARD L  
STREET ADDRESS P O BOX 49  
CITY-ST-ZIP LOCHLOOSA FL 32662 ☐ Delete

TITLE ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ SENIOR WARDEN (D) ☐ Change ☒ Addition  
NAME Jerry D Good  
STREET ADDRESS Po Box 423 N/A  
CITY-ST-ZIP Hawthorne FL 32640-0423

TITLE ☐ JUNIOR WARDEN (D) ☐ Change ☒ Addition  
NAME Steve Mitchell  
STREET ADDRESS 828 N E 51st Ave  
CITY-ST-ZIP Ocala FL 34470

TITLE ☐ TREASURER (D) ☐ Change ☒ Addition  
NAME Ellington Jeff McMeekin Jr  
STREET ADDRESS Po Box 128 N/A  
CITY-ST-ZIP Hawthorne FL 32640-0128

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

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

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

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: Edward L. Brickle EDWARD L. BRICKLE 2/27/02 352481-35J2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Mar 28, 2002 8:00 am  
Secretary of State

03-28-2002 90123 001 \*1,898.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)