## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HE WIGERN KONALD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # N99000003641 Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** THE VILLAGES MASONIC LODGE NO. 394, INC. FREE AN 03-29-2000 90046 001 \*6,125.00 Mailing Address Principal Place of Business LA HACIENDA CENTER AT-VILLAGES I A HACIENDA CENTER AT VILLAGES LADY LAKE FL 32159 LADY LAKE FL 82159 3. Mailing Address 2. Principal Place of Business cean St 220 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc コ20 Applied For City & State State acksonville Not Applicable acksonvi \$8.75 Additional 5. Certificate of Status Desired 2202 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHEPPARD, ROY C 220 OCEAN STREET JACKSONVILLE FL 32202 Zip Code City FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TO) FACCONE, JOSEPH'A. [ 531 VALENCIA PLACE TITLE Delete NAME NAME Denny, Willam C STREET ADDRESS STREET ADDRESS 221 DEL RIO DRIVE LADY LAKE, FZ 32159 CITY-ST-7IP CITY-ST-ZIP LADY LAKE FL 32159 50)MOREM, RONARD H. Delete TITLE NAME NAME smith, albert c Jr STREET ADDRESS STREET ADDRESS 10465 SE 179 PLACE LADY LAKE FL 32159 CITY-ST-ZIP CITY-ST-ZIP Summerfield FL 34491 TITLE **Addition** ☐ Delete TITI F 1105 PALAMEDAVE NAME NAME STREET ADDRESS STREET ADDRESS LADY LAKE, FZ 32159 CITY-ST-ZIP CITY-ST-ZIP **Addition** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

(352) 750 4694