

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1002

APPLICATION FOR REINSTATEMENT OF A DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 JAN -5 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003642

1. Corporation Name

ROBERT B. SHUGART LODGE NO. 393, INC. FREE AND
ACCEPTED MASONS OF FLOR

Principal Place of Business

Mailing Address

LA HACIENDA CENTER AT THE VILLAGES-
LADY LAKE FL 32159

LA HACIENDA CENTER AT THE VILLAGES
LADY LAKE FL 32159



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

Zip

Country

Zip

Country

32202

DUVAL

32202

DUVAL

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TD	HARVEY, PAUL O	2734 BAY LEAF DR	ORLANDO FL 32837
SD	LEDUC, GERALD P	4538 CHALFORT DR	ORLANDO FL 32837
D	MOFFSES, Phillip E.	307 Surfside Way	Orlando, FL 32805
			400003532264--9 -01/11/01--01019--003 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. 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)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Phillip E. MOFFSES 12-22-00 407-425-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2978

CR2ED40 (8/00)



Robert B. Shugart Lodge No. 393
F. & A. M.
3007 Surfside Way
Orlando, Florida 32805

December 22, 2000

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Fl. 32314-6327

Attention: Leslie

Dear Leslie:

Pursuant to our conversation and your instructions, I am writing this letter to explain why our form was not sent in a timely fashion.

We did not receive this form until just recently due to the fact this was sent to the wrong address. Please make the corrections as indicated in order to prevent this from happening in the future. Also, please find enclosed our check no. 2177 for \$61.25 which was due.

Thank you for your time in helping to correct this matter.

Fraternally,

Phillip E. Moffses
Worshipful Master