

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90219 001 \*\*\*490.00

000102

**DOCUMENT # N99000003642**

1. Entity Name

**ROBERT B. SHUGART LODGE NO. 393, INC. FREE AND A**

Principal Place of Business

**ROY C. SHEPPARD  
 220 OCEAN STREET  
 JACKSONVILLE FL 32202**

Mailing Address

**ROY C. 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

**59-3717169**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY C  
 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

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	TD	<input type="checkbox"/> Delete
NAME	HARVEY, PAUL O	
STREET ADDRESS	2734 BAY LEAF DR	
CITY-ST-ZIP	ORLANDO FL 32837-6775	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEDUC, GERALD P	
STREET ADDRESS	4538 CHALFORT DR	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOFFSES, PHILLIP E	
STREET ADDRESS	3007 SURFSIDE WAY	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freddy Gene McNabb	
STREET ADDRESS	13215 MASCOTTE EMPIRE RD	
CITY-ST-ZIP	GROVELAND FL 34736-2005	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean-Claude Perche	
STREET ADDRESS	5255 TimberView Terr	
CITY-ST-ZIP	Orlando FL 32819	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Charles Poland Sr	
STREET ADDRESS	2700 LEMON TREE LANE	
CITY-ST-ZIP	ORLANDO FL 32839	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Paul O. Harvey, Treasurer**

Date

Daytime Phone #

**April 1, 2001 (407) 526-9492**

CR2E037 (10/00)