

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90117 001 *1,408.75

DOCUMENT # N99000003642

1. Entity Name

**ROBERT B. SHUGART LODGE NO. 393, INC. FREE AND A.
 CCEPTED MASONS OF FLOR**

Principal Place of Business

Mailing Address

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

**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

7. 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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
 NAME ☒ **HARVEY, PAUL O**
 STREET ADDRESS **2734 BAY LEAF DR**
 CITY-ST-ZIP **ORLANDO FL 32837-6775**

TITLE **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
 NAME **Jean-Claude Perche**
 STREET ADDRESS **5255 Timberview Terr**
 CITY-ST-ZIP **Orlando FL 32819**

TITLE **D** ☐ Delete
 NAME ☒ **MOFFSES, PHILLIP E**
 STREET ADDRESS **3007 SURFSIDE WAY**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **JUNIOR WARDEN** (D) ☐ Change ☒ Addition
 NAME **John William Carroll**
 STREET ADDRESS **1133 Mariow Ave**
 CITY-ST-ZIP **Orlando FL 32809-6378**

TITLE **WMD** ☒ Delete
 NAME **MCNABB, FREDDY GENE**
 STREET ADDRESS **13215 MASCOTTE EMPIRE RD**
 CITY-ST-ZIP **GROVELAND FL 34736-2005**

TITLE **TREASURER** (D) ☒ Change ☐ Addition
 NAME **Phillip Edwin Moffses**
 STREET ADDRESS **3007 Surfside Way**
 CITY-ST-ZIP **Orlando FL 32805-5707**

TITLE **SWD** ☐ Delete
 NAME ☒ **PERCHE, JEAN-CLAUDE**
 STREET ADDRESS **5255 TIMBERVIEW TERRACE**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **SECRETARY** (D) ☒ Change
 NAME **Paul Otis Harvey**
 STREET ADDRESS **2734 Bay Leaf Dr**
 CITY-ST-ZIP **Orlando FL 32837-6775**

TITLE **JWD** ☒ Delete
 NAME **POLAND, THOMAS C SR**
 STREET ADDRESS **2700 LEMON TREE LANE**
 CITY-ST-ZIP **ORLANDO FL 32839**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sec.
Paul O. HARVEY 20 MAR 02 407 516 9493

CR2E037 (9/01)