

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90113 001 *1,470.00

DOCUMENT # N99000003642

1. Entity Name

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



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

4. FEI Number **59-3717169**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **JWD** ☒ Delete
NAME **CARROLL, JOHN W**
STREET ADDRESS **1133 MARLOWE AVE**
CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WORSHIPFUL MASTER (D)** ☐ Change ☒ Addition
NAME **Edward Howard Burchett**
STREET ADDRESS **7937 Sloop PL Apt 103**
CITY-ST-ZIP **Orlando FL 32825-3167**

TITLE **SENIOR WARDEN (D)** ☐ Change ☒ Addition
NAME **Robert Vernon Hall**
STREET ADDRESS **5747 PEREGRINE AVE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **JUNIOR WARDEN (D)** ☐ Change ☒ Addition
NAME **Freddy Gene McNabb**
STREET ADDRESS **13215 MASCOTTE EMPIRE RD**
CITY-ST-ZIP **GROVELAND FL 34736-2005**

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

TITLE ☐ Change ☐ Addition
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: *Jean-Claude Perche* **REQUIRED** *JEAN-CLAUDE PERCHE 03/10/03 407.370.9158*

CR2E037 (10/02)