

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90046 001 *6,125.00

DOCUMENT # C10058

1. Entity Name

COCONUT GROVE LODGE NO. 258 FREE AND ACCEPTED MA

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE FL 32202**

**ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE FL 32202-3218**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7526491

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR
 220 OCEAN ST
 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. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS IN 10

TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	MEYER, JOHN M	
STREET ADDRESS	5797 SW 58TH TERR	
CITY-ST-ZIP	S MIAMI FL 33-1432	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	WOODWARD, RANDALL W	
STREET ADDRESS	3400 PAN AMERICAN DR	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	MONTES-BRADLEY, SAUL M	
STREET ADDRESS	1165 FAIRFAX LANE	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, HERMAN	
STREET ADDRESS	3830 NW 60TH CT	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randall Wayne Woodward	
STREET ADDRESS	3400 Pan American Dr	
CITY-ST-ZIP	Miami FL 33133	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Saul Mariano Montes-Bradley	
STREET ADDRESS	245 S E 1ST ST	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stuart Edward Koppala	
STREET ADDRESS	3400 Pan American Dr	
CITY-ST-ZIP	Miami FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Edward Friberg	
STREET ADDRESS	7655 SW 83RD Ct	
CITY-ST-ZIP	Miami FL 33143-3827	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall W. Woodward

3-6-00

Date

Daytime Phone #

(305) 859-9439

CR2E037 (9/99)