

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91540 001 *4,471.25

002062

DOCUMENT # C10072

1. Entity Name

UNIVERSAL LODGE NO. 178 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business

Mailing Address

**C/O ROY CONNOR SHEPPARD
 220 OCEAN STREET
 JACKSONVILLE FL 32202
 US**

**C/O ROY CONNOR SHEPPARD
 220 OCEAN STREET
 JACKSONVILLE FL 32202
 US**

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

59-1838921

Applied For

Not Applicable

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 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	WMD	<input type="checkbox"/> Delete
NAME	GUTIERREZ, CARLOS	
STREET ADDRESS	4522 W HENRY AVENUE	
CITY-ST-ZIP	TAMPA FL 33614-5436	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	DEL RIO, ALAIN L	
STREET ADDRESS	2912 W ABDELLA ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	JWD	<input type="checkbox"/> Delete
NAME	GORDILLO, FELIX JR	
STREET ADDRESS	807 W WOODLAWN AVENUE	
CITY-ST-ZIP	TAMPA FL 33603-5437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEREZ, BASILIO	
STREET ADDRESS	1709 N 22ND STREET	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RIERA, GASTON A	
STREET ADDRESS	1305 TUSCOLA ROAD	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SENIOR WARDEN	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Felix Gordillo Jr	
STREET ADDRESS	807 W Woodlawn Ave	
CITY-ST-ZIP	Tampa FL 33603-5437	
TITLE	JUNIOR WARDEN	(D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Orlando R Gonzalez	
STREET ADDRESS	6417 N THATCHER ST	
CITY-ST-ZIP	TAMPA FL 33614	
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 empowered.

SIGNATURE: *X Basilio Perez, Sec'y*

2/27/02 904-354-2339

CR2E037 (9/01)