

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90138 001 *8,207.50

DOCUMENT # C10188

1. Entity Name

J. DEWEY HAWKINS LODGE NO. 331 FREE AND ACCEPTED

Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE FL 32202

C/O 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

59-6149069

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 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. JOINT DIRECTORS IN 10

TITLE: Delete
 NAME: **WMD CORDOVA, KRISHNAMURT M**
 STREET ADDRESS: **P O BOX 490633**
 CITY-ST-ZIP: **FT LAUDERDALE FL 33349**

TITLE: **WORSHIPFUL MASTER** (D) Change Addition
 NAME: **Emil H Meyer**
 STREET ADDRESS: **6300 N.W. 20TH St.**
 CITY-ST-ZIP: **Margate Fl 33063-2315**

TITLE: Delete
 NAME: **S/D MICHAEL JOHN MAHER**
 STREET ADDRESS: **7441 NW 1ST CT**
 CITY-ST-ZIP: **PEMBROKE PINES FL 33024**

TITLE: Change Addition
 NAME: **JUNIOR WARDEN** (D) Change Addition
 NAME: **Nicholas Louis Canera**
 STREET ADDRESS: **6113 Coral Lake Dr**
 CITY-ST-ZIP: **Margate FL 33063**

TITLE: Delete
 NAME: **JWD LOPEZ, HUGO A**
 STREET ADDRESS: **424 NW 87 TERR**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33071-7180**

TITLE: Change Addition
 NAME: **SENIOR WARDEN** (D) Change Addition
 NAME: **Hugo Ademar Lopez**
 STREET ADDRESS: **424 N W 87TH TERR**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33071-7180**

TITLE: Delete
 NAME: **D EMIL H MEYER**
 STREET ADDRESS: **6300 NW 20TH ST**
 CITY-ST-ZIP: **MARGATE FL 33063**

TITLE: Change Addition
 NAME: **T/D STEPHEN ROBERT GLADSTONE**
 STREET ADDRESS: **21576 GUADALAZARA AVE**
 CITY-ST-ZIP: **BOCA RATON FL 33433**

TITLE: Delete
 NAME: **T/D STEPHEN ROBERT GLADSTONE**
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 CITY-ST-ZIP: **BOCA RATON FL 33433**

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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: *Michael J. Maher, Sec.* **2-28-00 954-484-7171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)