

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90480 001 \*2,817.50

**DOCUMENT # C10188**

1. Entity Name

**J. DEWEY HAWKINS LODGE NO. 331 FREE AND ACCEPTED MASONS OF FLORIDA**

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

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

**59-6149069**

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 re-registering)

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

TITLE: **WMD**  Delete  
 NAME: **LOPEZ, HUGO A**  
 STREET ADDRESS: **424 N.W. 87TH TERR**  
 CITY-ST-ZIP: **CORAL SPRINGS FL 33071-7180**

TITLE: **SD**  Delete  
 NAME: **MAHER, JOHN M**  
 STREET ADDRESS: **7441 NW 1ST CT**  
 CITY-ST-ZIP: **PEMBROKE PINES FL 33024**

TITLE: **SWD**  Delete  
 NAME: **CANORA, NICHOLAS L**  
 STREET ADDRESS: **7118 N.W. 108TH AVE**  
 CITY-ST-ZIP: **TAMARAC FL 33321**

TITLE: **JWD**  Delete  
 NAME: **LARGE, JACK M**  
 STREET ADDRESS: **2260 N.E. 62ND ST**  
 CITY-ST-ZIP: **FT LAUDERDALE FL 33308**

TITLE: **TD**  Delete  
 NAME: **GLADSTONE, STEPHEN R**  
 STREET ADDRESS: **21576 GUADALAZARA AVE**  
 CITY-ST-ZIP: **BOCA RATON FL 33433**

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **WORSHIPFUL MASTER** (D)  Change  Addition  
 NAME: **Stephen Robert Gladstone**  
 STREET ADDRESS: **21576 Guadalmazara Ave.**  
 CITY-ST-ZIP: **Boca Raton FL 33433-7501**

TITLE: **SENIOR WARDEN** (D)  Change  Addition  
 NAME: **Jack M Large**  
 STREET ADDRESS: **2260 N E 62ND St**  
 CITY-ST-ZIP: **Ft Lauderdale FL 33308**

TITLE: **JUNIOR WARDEN** (D)  Change  Addition  
 NAME: **Otto Warne Crump III**  
 STREET ADDRESS: **8640 N 24TH CT**  
 CITY-ST-ZIP: **PEMBROKE PINES FL 33024**

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

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

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Maher*  
 2-28-02

Date

Daytime Phone #

CR2E037 (9/01)