

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10317

1. Entity Name

NORTH SHORE LODGE NO. 277 FREE AND ACCEPTED MASO

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

03-29-2000 90046 001 \*6,125.00

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

59-1373376

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 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. DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WMD  
AQUINO, ARMANDO L  
17911 SW 27TH ST  
MIAMI BEACH FL 33026 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
Jacques Vogel  
4920 N 36th St  
Hollywood FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SWD  
VOGEL, JACQUES  
4920 N 36TH ST  
HOLLYWOOD FL 33021 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SENIOR WARDEN (D) ☐ Change ☐ Addition  
George Charles Faust  
P.O. Box 3868 N/A  
Hialeah FL 33013

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JWD  
PARENTE, RICARDO  
7525 E TREASURE DR #3 E  
N BAY VILLAGE FL 33141 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JUNIOR WARDEN (D) ☒ Change ☐ Addition  
Raymundo Da Silva  
800 N E 195th St #706  
N Miami Beach FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
AWWE, JEFFREY C  
35 NE 3 ST  
DIANA FL 33004 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
HALAS, GYORGY  
10245 COLLINS AVE APT 10C  
BAL HARBOR FL 33154 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURER (D) ☒ Change ☐ Addition  
Ronaldo Boemer Hidalgo  
7330 S W 37TH COURT  
DAVIE FL 33314

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)