

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90080 001 *3,123.75

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**

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 **23-7526491**

Applied For

Not Applicable

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WMD** ☒ Delete
 NAME **WOODWARD, RANDALL W**
 STREET ADDRESS **3400 PAN AMERICAN DR**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **WORSHIPFUL MASTER (D)** ☒ Add
 NAME **Saul Mariano Monter-Bradley**
 STREET ADDRESS **245 S E 1ST ST**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **SWD** ☒ Delete
 NAME **MONTES-BRADLEY, SAUL M**
 STREET ADDRESS **245 SE 1ST STREET**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **SENIOR WARDEN (D)** ☒ Add
 NAME **Stuart Edward Korpela**
 STREET ADDRESS **3400 Pan American Dr**
 CITY-ST-ZIP **Miami FL 33133**

TITLE **JWD** ☒ Delete
 NAME **KORPELA, STUART E**
 STREET ADDRESS **3400 DAN AMERICAN DR**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **JUNIOR WARDEN (D)** ☒ Add
 NAME **Ronald Scott Issenberg**
 STREET ADDRESS **1100 West Ave Apt 1416**
 CITY-ST-ZIP **Miami Beach FL 33139**

TITLE **SD** ☐ Delete
 NAME **GONZALEZ, HERMAN**
 STREET ADDRESS **3830 NW 60TH CT**
 CITY-ST-ZIP **VIRGINIA GARDENS FL 33166**

TITLE **ID** ☐ Delete
 NAME **FRIBERG, RICHARD E**
 STREET ADDRESS **7655 SW 83RD CT**
 CITY-ST-ZIP **MIAMI FL 33143-3827**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: *Herman Gonzalez* **HERMAN GONZALEZ** **3-19-01** **995-1963**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)