

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State
 04-07-2000 90067 050 ****61.25

DOCUMENT # 719691

1. Entity Name

ATLANTIC COAST LODGE #466 F. AND A.M. INC.

Principal Place of Business

Mailing Address

~~C/O DANIEL A. COX~~
~~1977 NW 55TH STREET~~
~~MIAMI FL 33142~~
~~US~~

~~C/O DANIEL A. COX~~
~~1977 NW 55TH STREET~~
~~MIAMI FL 33142-0009~~
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

ATLANTIC COAST LODGE #466

ATLANTIC COAST LODGE #466

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 470516

P.O. Box 470516

City & State

City & State

MIAMI, FL

MIAMI FL

Zip

Country

33247

USA

Zip

Country

33247

US

4. FEI Number

59-2722370

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

COX, DANIEL A
1977 N.W. 55TH STREET
MIAMI FL 33142

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 **VP** ☒ Delete
 NAME **HEMPHILL, LACY**
 STREET ADDRESS **1340 NW 95TH STREET, #232**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE **C** ☒ Change ☐ Addition
 NAME **HEMPHILL, LACY**
 STREET ADDRESS **910 N.W. 186th DR.**
 CITY-ST-ZIP **MIAMI, FL - 33169**

TITLE **P** ☒ Delete
 NAME **BROWN, WILLIE B**
 STREET ADDRESS **19221 NE 10 AVE., APT. 522**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE **VC** ☐ Change ☐ Addition
 NAME **TURNER, ANTHONY**
 STREET ADDRESS **335 N.W. 42nd ST**
 CITY-ST-ZIP **MIAMI, FL 33127**

TITLE **S** ☒ Delete
 NAME **EASON, JACOB**
 STREET ADDRESS **19301 N.W. 37CT.**
 CITY-ST-ZIP **CAROL CITY FL 33055**

TITLE **S** ☐ Change ☐ Addition
 NAME **RANDALL, JESSIE**
 STREET ADDRESS **13625 N.W. 3rd AVE**
 CITY-ST-ZIP **MIAMI, FL**

TITLE **D** ☒ Delete
 NAME **COX, DANIEL A**
 STREET ADDRESS **1977 N.W. 55TH STREET**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Change ☐ Addition
 NAME **D-WHITE, CHARLES**
 STREET ADDRESS **1745 N.W. 84th ST**
 CITY-ST-ZIP **MIAMI, FL 33147**

TITLE **D** ☐ Delete
 NAME **MCKINNEY, CALVIN**
 STREET ADDRESS **1550 N.W. 51ST STREET**
 CITY-ST-ZIP **MIAMI FL 33142**

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

TITLE **D** ☐ Delete
 NAME **CHARLES, OTIS**
 STREET ADDRESS **8720 N.W. 14TH AVE**
 CITY-ST-ZIP **MIAMI FL 33147**

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: **DANIEL A. COX, R.A.**

3-10-00 305635-8783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)