

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728336

1. Entity Name

ST. JAMES GRAND LODGE - INTERNATIONAL FREE AND A

Principal Place of Business

508 N.W. 1ST WAY
DEERFIELD BEACH FL 33441

Mailing Address

508 NW 1ST WAY
DEERFIELD BEACH FL 33441-1916

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

65-0160318

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

SILVERSTEIN, MICHAEL J.
1550 N.E. MIAMI GARDENS DRIVE
SUITE 504
NORTH MIAMI BEACH FL 33179

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

TITLE	TR	<input type="checkbox"/> Delete
NAME	CONEY, BERTRAM	
STREET ADDRESS	2971 N.W. 6TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAMILTON, THOMAS	
STREET ADDRESS	3011 N.W. 171ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, RENFORD P.	
STREET ADDRESS	508 N.W. 1ST WAY	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, MORSHEE	
STREET ADDRESS	4724 N.W. 7TH MANOR	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONEY, BERTRAM	
STREET ADDRESS	3651 NW 8TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL. 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00006515



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)