

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90220 001 ***796.25

UBR001

DOCUMENT # C10035

1. Entity Name

MIAMI TEMPLE LODGE NO. 247 FREE AND ACCEPTED MAS

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

73850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6140299

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 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 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: Delete
 NAME: **JWD BARRETO, MAURICIO J**
 STREET ADDRESS: **15723 SW 92 ST**
 CITY-ST-ZIP: **MIAMI FL 33196**

TITLE: Change Addition
 NAME: **SENIOR WARDEN (D)**
 STREET ADDRESS: **Oleus Luigi Poletti**
 CITY-ST-ZIP: **5591 SW 5th Terrace Miami FL 33134**

TITLE: Delete
 NAME: **SWD RUBIO, JOSE**
 STREET ADDRESS: **13463 S WW 66TH TERR**
 CITY-ST-ZIP: **MIAMI FL 33183**

TITLE: Change Addition
 NAME: **JUNIOR WARDEN (D)**
 STREET ADDRESS: **Eduardo Lorenzo-Estrada**
 CITY-ST-ZIP: **2010 S W 123RD CT MIAMI FL 33175**

TITLE: Delete
 NAME: **TD MORRIS, DOUGLAS W**
 STREET ADDRESS: **601 TAMiami CANAL RD**
 CITY-ST-ZIP: **MIAMI FL 33144**

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

TITLE: Delete
 NAME: **WMD GARDNER, JOHN EDWARD**
 STREET ADDRESS: **9070 SW 69TH TER**
 CITY-ST-ZIP: **MIAMI FL 33173-2448**

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

TITLE: Delete
 NAME: **SD PRICHARD, HENRY EDWARD**
 STREET ADDRESS: **75 EAST 50TH PLACE**
 CITY-ST-ZIP: **HIALEAH FL 33013**

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

TITLE: Delete
 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:

[Handwritten Signature]

John E. Gardner, Worshipful Master

904-

5-21-01 354-2339

CR2E037 (10/00)