~2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # C10086 Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** DR. FELIX VARELA LODGE NO. 64 FREE AND ACCEPTED 03-29-2000 90046 001 *6,125.00 Principal Place of Business Mailing Address C/O ROY CONNER SHEPPARD C/O ROY CONNER SHEPPARD 220 OCEAN ST. 220 OCEAN ST. JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-3218 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 23-7526367 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW: \$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change WMD Delete TITLE TITLE NAME HERNANDEZ, JOSE L NAME CR2E037 STREET ADDRESS STREET ADDRESS 13 ALLAMANDA TERR CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 SENIOR WARDEN Change Addition SWD (A) Delete TITLE Jose Raul Del Rio SANTIAGO, JR, INOCENTE O NAME NAME 6 Falm Dr STREET ADDRESS STREET ADDRESS 1301 UNITED ST CITY-ST-ZIP Key West F1 33040 CITY-ST-ZIF KEY WEST FL 33040 Addition TITLE **JWD** Delete TITLE Change JUNIOR WARDEN NAME DEL RIO, JOSE R NAME John Anuez Jr STREET ADDRESS STREET ADDRESS JOSE DEL RIO DR 812 Cotherine St CITY-ST-ZIP CITY-ST-7IP KEY WEST FL 33040 Key West FL 33040 Change Addition TITLE TITLE 😾 Delete TREASURER DORRIBO, MANUEL NAME NAME STREET ADDRESS STREET ADDRESS Manuel Jesus Dorribo 1914 SEIDENBERG AVE CITY-ST-ZIP CITY-ST-7IP 7501 S W 155TH AVE KEY WEST FL 33040 1 Change ☐ Addition MIAMI FL 33196-1117 TITLE □ Delete TITLE GONZALEZ, MANUEL NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 4123 N/A CITY-ST-ZIP CITY-ST-7IP KEY WEST FL 33041-4123 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 feport 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 padgress, with all dispersions of the corporation of the receiver of trustee empowered.