

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91540 001 *4,471.25

DOCUMENT # C10086

1. Entity Name

**DR. FELIX VARELA LODGE NO. 64 FREE AND ACCEPTED
 MASONS OF FLORIDA**

Principal Place of Business

Mailing Address

**C/O ROY CONNER SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE FL 32202**

**C/O ROY CONNER 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

23-7526367

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 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	WMD	<input checked="" type="checkbox"/> Delete
NAME	DEL RIO, JOSE R	
STREET ADDRESS	6 PALM DRIVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SWD	<input type="checkbox"/> Delete
NAME	ANUEZ, JOHN JR	
STREET ADDRESS	812 CATHERINE STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	JWD	<input type="checkbox"/> Delete
NAME	HERRERA, EDUARDO M	
STREET ADDRESS	8-8 8TH AVENUE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DORRIBO, MANUEL J	
STREET ADDRESS	9501 SW 155TH AVE	
CITY-ST-ZIP	MIAMI FL 33198-1117	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, MANUEL	
STREET ADDRESS	PO BOX 4123 N/A	
CITY-ST-ZIP	KEY WEST FL 33041-4123	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Anuez Jr	
STREET ADDRESS	812 Catherine St	
CITY-ST-ZIP	Key West FL 33040	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eduardo Manuel Herrera	
STREET ADDRESS	8-8 8TH AVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boyd Edward Williams	
STREET ADDRESS	2931 HARRIS AVE	
CITY-ST-ZIP	KEY WEST FL 33040	
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 **3/3/02** Daytime Phone #

904-354-2339

CR2E037 (9/01)