

2001 UNIFORM BUSINESS REPORT (UBR)

05-05-2001 90298 001 *1,592.50

FILED

01 JUN 28 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # C10124

1. Entity Name
OLEETA LODGE NO. 145 FREE AND ACCEPTED MASONS OF FL
OLEETA

Principal Place of Business Mailing Address
C/O ROY CONNOR SHEPPARD C/O ROY CONNOR SHEPPARD
220 OCEAN ST 220 OCEAN ST
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
4. FEI Number **23-7215289** 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
SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	SD HENSHEY, SAMUEL T 145 S ROYAL POINCIANA BLVD MIAMI FL 33166 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD ROUDENBUSH, HERMAN J 191 W 15TH HIALEAH FL 33010 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD DERINGER, WOODLAND B 145 CORYDON DR MIAMI FL 33166-5016 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEELE, STEVEN Q PO BOX 681371 N/A MIAMI FL 33268-1371 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD SANCHEZ, RAUL 18300 NW 88 AVE MIAMI FL 33015 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Herman Jake Roudenbush 191 W 15th St Hialeah FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Raul Sanchez 18300 NW 88 Ave Miami FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition Valois Pagan III 3162 N W 18TH TERRACE MIAMI FL 33125 LS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Charles Green 9133 SW 72 Avenue Miami FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael C. Green, Sec.* **4/12/01** **904-354-2339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)