

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90108 002 ***781.25

DOCUMENT # C10124

1. Entity Name

OLEETA LODGE NO. 145 FREE AND ACCEPTED MASONS OF FLORIDA

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**

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

23-7215289

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | ROUDENBUSH, HERMAN JAKE | |
| STREET ADDRESS | 191 W. 15TH STREET | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SANCHEZ, RAUL | |
| STREET ADDRESS | 18300 N.W. 86TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33015 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PAGAN, VALOIS III | |
| STREET ADDRESS | 3162 N.W. 18TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | STEELE, STEVEN Q | |
| STREET ADDRESS | PO BOX 661371 | |
| CITY-ST-ZIP | MIAMI FL 33266-1371 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GREEN, MICHAEL C | |
| STREET ADDRESS | 9133 S.W. 72 AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| 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 | Raul Sanchez | |
| STREET ADDRESS | 7160 N W 173RD ST | |
| CITY-ST-ZIP | MIAMI LAKES FL 33015 | |
| TITLE | SENIOR WARDEN (D) | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Pellon, Blas | |
| STREET ADDRESS | 3121-SW-23-Street | |
| CITY-ST-ZIP | Miami, FL 33145 | |
| TITLE | JUNIOR WARDEN (D) | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Garasi, Frank S. | |
| STREET ADDRESS | 1937 NE 123 Street | |
| CITY-ST-ZIP | N. Miami, FL 33181 | |
| 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.

Michael C. Green, Sec.

SIGNATURE:

SIGNATURE REQUIRED

4/1/02 (305) 883-7255

Date

Daytime Phone #

CP2E037 (9/01)