

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90138 001 \*8,207.50

**DOCUMENT # C10166**

1. Entity Name

**WEST DADE LODGE NO. 388 FREE AND ACCEPTED MASONS**

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD  
 220 OCEAN ST.  
 JACKSONVILLE FL 32202  
 US**

**ROY CONNOR SHEPPARD  
 220 OCEAN ST.  
 JACKSONVILLE FL 32202-3218  
 US**

11000



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

**65-0227035**

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. SECRETARIES AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WARNE, CLARKE G	
STREET ADDRESS	7865 SW 125TH ST	
CITY-ST-ZIP	MIAMI FL 33156-6058	
TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, MANUEL W	
STREET ADDRESS	11220 SW 93RD ST	
CITY-ST-ZIP	MIAMI FL 33176-1160	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, DAVID G	
STREET ADDRESS	1900 SW 23RD ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, JOSEPH MICHAEL	
STREET ADDRESS	14240 SW 79TH CT	
CITY-ST-ZIP	MIAMI FL 33158-1523	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALICEA, MICHAEL J	
STREET ADDRESS	5433 NW 184TH ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lester Lavell Berry	
STREET ADDRESS	9355 SW 180 St	
CITY-ST-ZIP	MIAMI FL 33157-5755	
TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David G Gonzalez	
STREET ADDRESS	1900 S W 23rd St	
CITY-ST-ZIP	Miami FL 33145	
TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L. Raymond O'Steen	
STREET ADDRESS	49 NE 165 Street	
CITY-ST-ZIP	Miami FL 33162	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Marvin Wandt	
STREET ADDRESS	16320 S.W. 109th Ave.	
CITY-ST-ZIP	Miami FL 33157-2814	
TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manuel Wayne Diaz	
STREET ADDRESS	11220 S W 93rd Street	
CITY-ST-ZIP	Miami FL 33176-1160	
TITLE		<input checked="" 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: *Lester Lavell Berry* REQUESTER L. BERRY (SECRETARY) 02/29/00 305-975-8154  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)