

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90235 001 *4,602.50

DOCUMENT # C10166

1. Entity Name

WEST DADE LODGE NO. 388 FREE AND ACCEPTED MASONS

Principal Place of Business

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

Mailing Address

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

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

65-0227035

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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: Delete
 NAME: **SD BERRY, LESTER L**
 STREET ADDRESS: **9355 S.W. 180 STREET**
 CITY-ST-ZIP: **MIAMI FL 33157-5755**

TITLE: Change Addition
 NAME: **WORSHIPFUL MASTER (D)**
 STREET ADDRESS: **Donald Marvin Wendt**
 CITY-ST-ZIP: **16320 S.W. 109TH AVE.
 MIAMI FL 33157-2814**

TITLE: Delete
 NAME: **WMD GONZALEZ, DAVID G**
 STREET ADDRESS: **1900 S.W. 23RD STREET**
 CITY-ST-ZIP: **MIAMI FL 33145**

TITLE: Change Addition
 NAME: **SENIOR WARDEN (D)**
 STREET ADDRESS: **L. Raymond O'Steen**
 CITY-ST-ZIP: **49 NE 165 Street
 MIAMI FL 33162**

TITLE: Delete
 NAME: **JWD O'STEEN, L RAYMOND**
 STREET ADDRESS: **49 N.E. 165 STREET**
 CITY-ST-ZIP: **MIAMI FL 33162**

TITLE: Change Addition
 NAME: **JUNIOR WARDEN (D)**
 STREET ADDRESS: **Joseph Michael Fleites**
 CITY-ST-ZIP: **14347 S W 176TH TERR
 MIAMI FL 33177**

TITLE: Delete
 NAME: **SWD WENDT, DONALD M**
 STREET ADDRESS: **16320 S.W. 109TH AVENUE**
 CITY-ST-ZIP: **MIAMI FL 33157-2814**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **TD DIAZ, MANUEL W**
 STREET ADDRESS: **11220 S.W. 93RD STREET**
 CITY-ST-ZIP: **MIAMI FL 33176-1160**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change 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 L. Berry* **LESTER L. BERRY** 3/19/01 305-975-8154
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)