

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90123 001 *1,898.75

0002428

DOCUMENT # C10166

1. Entity Name

WEST DADE LODGE NO. 388 FREE AND ACCEPTED MASONS OF FLORIDA

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
 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	SD	<input type="checkbox"/> Delete
NAME	BERRY, LESTER L	
STREET ADDRESS	9355 S.W. 180 STREET	
CITY-ST-ZIP	MIAMI FL 33157-5755	
TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	WENDT, DONALD M	
STREET ADDRESS	16320 SW 109TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33157-2814	
TITLE	JWD	<input type="checkbox"/> Delete
NAME	FLEITES, JOSEPH M	
STREET ADDRESS	14347 SW 176TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	SWD	<input type="checkbox"/> Delete
NAME	O'STEEN, L. RAYMOND	
STREET ADDRESS	49 NE 165 STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIAZ, MANUEL W	
STREET ADDRESS	11220 S.W. 93RD STREET	
CITY-ST-ZIP	MIAMI FL 33176-1160	
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	L. Raymond O'Steen	
STREET ADDRESS	2560 NE 203 ST	
CITY-ST-ZIP	Miami FL 33180	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Michael Fleites	
STREET ADDRESS	14347 S W 176TH TERR	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manuel De La Torriente	
STREET ADDRESS	3930 NW 64 Ave	
CITY-ST-ZIP	Virginia Gardens FL 33166	<input type="checkbox"/> Addition
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: *Lester L. Berry* **LESTER L. BERRY** **REGISTERED** **L. Berry, PM. Sec**

02/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-975-8154

CR2E037 (9/01)