

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-28-2002 90123 001 \*1,898.75

**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

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 ☒  
 STREET ADDRESS  
 CITY-ST-ZIP

**SD  
 BERRY, LESTER L  
 9355 S.W. 180 STREET  
 MIAMI FL 33157-5755**

TITLE ☒ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**WMD  
 WENDT, DONALD M  
 16320 SW 109TH AVENUE  
 MIAMI FL 33157-2814**

TITLE ☐ Delete  
 NAME ☒  
 STREET ADDRESS  
 CITY-ST-ZIP

**JWD  
 FLEITES, JOSEPH M  
 14347 SW 176TH TERRACE  
 MIAMI FL 33177**

TITLE ☐ Delete  
 NAME ☒  
 STREET ADDRESS  
 CITY-ST-ZIP

**SWD  
 O'STEEN, L. RAYMOND  
 49 NE 165 STREET  
 MIAMI FL 33162**

TITLE ☐ Delete  
 NAME ☒  
 STREET ADDRESS  
 CITY-ST-ZIP

**TD  
 DIAZ, MANUEL W  
 11220 S.W. 93RD STREET  
 MIAMI FL 33176-1160**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**WORSHIPFUL MASTER (D)  
 L. Raymond O'Steen  
 2560 NE 203 ST  
 Miami FL 33180**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SENIOR WARDEN (D)  
 Joseph Michael Fleites  
 14347 S W 176TH TERR  
 MIAMI FL 33177**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**JUNIOR WARDEN (D)  
 Manuel De La Torriente  
 3930 NW 64 Ave  
 Virginia Gardens FL 33166**

TITLE ☐ Change ☐ Addition  
 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)(l), 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lester L. Berry, PM. Sec**

**02/26/02**

Date 305-975-8154

CR2E037 (9/01)