

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # C10167**

1. Entity Name

**DADE LODGE NO. 14 FREE AND ACCEPTED MASONS OF FL**

Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD  
 220 OCEAN ST.  
 JACKSONVILLE FL 32202  
 US

C/O ROY CONNOR SHEPPARD  
 220 OCEAN ST.  
 JACKSONVILLE FL 32202-3218  
 US

▲▲▲▲▲



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

**23-7109183**

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 ST**  
**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.

TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	DAVILA, MICHAEL A	
STREET ADDRESS	1709 BAHAMA DR	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	MANCINI, VINCENT	
STREET ADDRESS	PO BOX 1494 N/A	
CITY-ST-ZIP	KEY WEST FL 33041-1494	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	ROTHMAN, ROBERT L	
STREET ADDRESS	138 W SHORE DR	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HARRY MCDONALD WILLIAMS JR.	
STREET ADDRESS	1118 PETRONIA ST.	
CITY-ST-ZIP	KEY WEST FL 33040-7172	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHIDDEN, RICHARD R	
STREET ADDRESS	2001 FOGARTY AVE	
CITY-ST-ZIP	KEY WEST FL 33040-3710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WORSHIPFUL MASTER (D)	TORS IN 10
NAME	Edwin Edgar Cruise IV	Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2222 MIDDLE TORCH RD	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	SENIOR WARDEN (D)	Change <input checked="" type="checkbox"/> Addition
NAME	David J Hahn	
STREET ADDRESS	1113 Grinnell St Rear	
CITY-ST-ZIP	Key West FL 33040	
TITLE	JUNIOR WARDEN (D)	Change <input checked="" type="checkbox"/> Addition
NAME	Robert Mitchell Snider	
STREET ADDRESS	P O BOX 608 N/A	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TREASURER (D)	Change <input checked="" type="checkbox"/> Addition
NAME	Michael Anthony Davila	
STREET ADDRESS	1709 Bahama Dr	
CITY-ST-ZIP	Key West FL 33040	Change <input type="checkbox"/> Addition
TITLE		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: *X* ~~SHEPPARD~~ **REQUIRED** Edwin E. Cruise, Feb 28, 2000, (305) 293-0530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)