

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90186 001 *3,491.25

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
 US

01144



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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	WMD CRUSOE, EDWIN E IV	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2222 MIDDLE TORCH ROAD	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE NAME	SWD HAHN, DAVID J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1113 GRINNELL STREET REAR	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE NAME	JWD SNIDER, ROBERT M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 608	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE NAME	TD DAVILA, MICHAEL A	<input type="checkbox"/> Delete
STREET ADDRESS	1709 BAHAMA DRIVE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE NAME	S WHIDDEN, RICHARD R	<input type="checkbox"/> Delete
STREET ADDRESS	2001 FOGARTY AVE	
CITY-ST-ZIP	KEY WEST FL 33040-3710	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	WORSHIFFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	David J Hahn	
CITY-ST-ZIP	1113 Grinnell St Rear Key West FL 33040	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Gregory D Davila	
CITY-ST-ZIP	2505 FLAGLER AVE KEY WEST FL 33040	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Charles D Fraga	
CITY-ST-ZIP	2914 FLAGLER AVE KEY WEST FL 33040	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. M. 05/27/2001 904-354-2339
 David J. Hahn
 Date Daytime Phone #

CR2E037 (10/00)