

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90060 001 ***857.50

DOCUMENT # C10167

1. Entity Name

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

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**

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 **WMD** ☒ Delete
 NAME **HAHN, DAVID J**
 STREET ADDRESS **1113 GRINNELL ST REAR**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
 NAME **Gregory D Davila**
 STREET ADDRESS **2505 FLAGLER AVE**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **SWD** ☐ Delete
 NAME **DAVILA, GREGORY D**
 STREET ADDRESS **2505 FLAGLER AVENUE**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **SENIOR WARDEN** (D) ☒ Change ☐ Addition
 NAME **Charles D Fraga**
 STREET ADDRESS **2914 FLAGLER AVE**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **JWD** ☐ Delete
 NAME **FRAGA, CHARLES D**
 STREET ADDRESS **2914 FLAGLER AVENUE**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **JUNIOR WARDEN** (D) ☐ Change ☒ Addition
 NAME **William J Hemmelsarn**
 STREET ADDRESS **3224 HARRIET AVE**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **TD** ☐ Delete
 NAME **DAVILA, MICHAEL A**
 STREET ADDRESS **1709 BAHAMA DRIVE**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **SECRETARY** (D) ☐ Change ☒ Addition
 NAME **Vincent Mancini**
 STREET ADDRESS **P.O. Box 1494** **N/A**
 CITY-ST-ZIP **Key West FL 33041-1494**

TITLE **S** ☒ Delete
 NAME **WHIDDEN, RICHARD R**
 STREET ADDRESS **2001 FOGARTY AVE**
 CITY-ST-ZIP **KEY WEST FL 33040-3710**

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: *Vincent Mancini*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent Mancini, Sec

4/8/02

305-245-7137

Date

Daytime Phone #

CR2E037 (9/01)