

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-15-2000 90138 001 *8,207.50

DOCUMENT # C10182

1. Entity Name

GOLDEN GLADES LODGE NO. 334 FREE AND ACCEPTED MA

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7109074

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 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. ADDITIONAL OFFICERS AND DIRECTORS IN 10

TITLE **JWD** ☒ Delete
 NAME **MUHTAR, ALBERTO**
 STREET ADDRESS **1060 N SHORE DR**
 CITY-ST-ZIP **MIAMI BCH FL 33141**

TITLE **JUNIOR WARDEN (D)** ☒ Change ☐ Addition
 NAME **Joseph Hutchison Moffat**
 STREET ADDRESS **4400 HILLOREST DR APT 316**
 CITY-ST-ZIP **HOLLYWOOD FL 33021-7978**

TITLE **TD** ☐ Delete
 NAME **PELTZ, FERDE**
 STREET ADDRESS **17100 NE 14TH AVE**
 CITY-ST-ZIP **N MIAMI BCH FL 33162**

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

TITLE **D** ☒ Delete
 NAME **KAISER, RONALD HOWARD**
 STREET ADDRESS **20351 NE 20TH PL**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE **SENIOR WARDEN (D)** ☒ Change ☐ Addition
 NAME **Alberto Muhtar**
 STREET ADDRESS **1060 North Shore Dr.**
 CITY-ST-ZIP **Miami Beach FL 33141-2442**

TITLE **D** ☒ Delete
 NAME **LARRY LEE HARTMAN**
 STREET ADDRESS **PO BOX 611714 (N/A)**
 CITY-ST-ZIP **NORTH MIAMI FL 33261**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
 NAME **Larry Lee Hartman**
 STREET ADDRESS **P O BOX 640675 N/A**
 CITY-ST-ZIP **MIAMI FL 33164-0675**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SECRETARY (D)** ☐ Change ☒ Addition
 NAME **Alan Paul Graham**
 STREET ADDRESS **P. O. Box 600123 N/A**
 CITY-ST-ZIP **N Miami Beach FL 33160-0123**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

SIGNATURE: [Signature] SECRETARY 03/01/00 305-7876003