2001 UNIFORM BUSINESS REPORT (UBR)

05-05-2001 90298 001 *1,592.50
C10182

DOCUMENT # C10182

1. Entity Name

GOLDEN GLADES LODGE NO. 334 FREE AND ACCEPTED MASONS OF FL

FILED
01 MAY -9 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

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 23-7109074 ☐ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD MOFFAT, JOSEPH H 4400 HILLCREST DRIVE, APT. 316 HOLLYWOOD FL 33021-7978	☒ Delete	WORSHIPFUL MASTER (D) Alberto Muhtar 1060 North Shore Dr. Miami Beach Fl 33141-2442	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PELTZ, FERDE 17100 NE 14TH AVE N MIAMI BCH FL 33162	☐ Delete	SENIOR WARDEN (D) Michael James Schock 1800 OPA-LOCKA BLVD OPA LOCKA FL 33054	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SWD MUHTAR, ALBERTO 1060 NORTH SHORE DRIVE MIAMI FL 33141-2442	☒ Delete	JUNIOR WARDEN (D) Edward H Petersen 6040 S W 106TH ST MIAMI FL 33156-4133	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WMD HARTMAN, LARRY L P.O. BOX 640675 MIAMI FL 33164-0675	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRAHAM, ALAN P P.O. BOX 600123 NORTH MIAMI BEACH FL 33160-0123	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition **SP**

CR2E037 (10/00)

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 SIGNATURE REQUIRED Alan P. Graham, Sec. 4/4/2001 305/787-6003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #