

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90480 001 *2,817.50

DOCUMENT # C10182

1. Entity Name

**GOLDEN GLADES LODGE NO. 334 FREE AND ACCEPTED MA
 SONS OF FLORIDA**

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**



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 **23-7109074**

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**WMD
 MUHTAR, ALBERTO
 1080 NORTH SHORE DR
 MIAMI BEACH FL 33141-2442** Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**WORSHIPFUL MASTER (D) Change Addition
 Jorge Morais Martins
 220 N E 15TH AVE
 POMPANO BEACH FL 33060-6726**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 PELTZ, FERDE
 17100 NE 14TH AVE
 N MIAMI BCH FL 33182** Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**JUNIOR WARDEN (D) Addition
 Vincent Gonzalez
 10990 SW 63RD TER
 Miami FL 33173-1152** Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SWD
 SCHOCK, MICHAEL J
 1800 OPA LOCKA BLVD
 OPA LOCKA FL 33054** Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**JWD
 PETERSEN, EDWARD H
 6040 S.W. 106TH ST
 MIAMI FL 33156-4133** Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 GRAHAM, ALAN P
 P.O. BOX 600123
 NORTH MIAMI BEACH FL 33180-0123** Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

Alan P. Graham
 Secretary
 7/27/2002
 787-6003

CR2E037 (9/01)