

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90113 001 *1,470.00

DOCUMENT # C10182

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
MARTINS, JORGE M
220 NE 15TH AVE
POMPANO BEACH FL 33060-6726** ☒ Delete

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

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
**JWD
GONZALEZ, VINCENT
10990 SW 63RD TERR
MIAMI FL 33173-1152** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GRAHAM, ALAN P
P.O. BOX 600123
NORTH MIAMI BEACH FL 33160-0123** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORSHIPFUL MASTER (D) ☐ Change ☒ Addition
Donald Bruder
2055 Laurel Lane
North Miami FL 33181-2616**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D) ☐ Change ☒ Addition
Joseph Hutchinson Moffat
4400 HILLCREST DR APT 312
HOLLYWOOD FL 33021-7978**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☐ Change ☒ Addition
Joao Boico Pinto
1250 NE 125 St #403
N Miami FL 33161-5948**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY (D) ☐ Change ☒ Addition
Robert Lipof
945 N E 26th Ave
Hallendale FL 33009**

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

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: Robert Lipof

3/24/03
Robert Lipof

904-354-2339

CR2E037 (10/02)