

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90525 001 \*\*\*980.00

**DOCUMENT # C10200**

1. Entity Name

**DEERFIELD BEACH LODGE NO. 325 FREE AND ACCEPTED  
 MASONS OF FLORIDA**

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

Zip

Country

Zip

Country

4. FEI Number **23-7156070**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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 **WMD** ☒ Delete  
 NAME **ISAACS, ROBERT G II**  
 STREET ADDRESS **3150 NW 68TH CRT**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
 NAME **Robert Arthur Dinkel Jr**  
 STREET ADDRESS **3951 NE 16 Ave**  
 CITY-ST-ZIP **Pompano Beach FL 33064**

TITLE **SD** ☒ Delete  
 NAME **POLLACK, STEVEN M**  
 STREET ADDRESS **9657 TRIVOLI PL**  
 CITY-ST-ZIP **BOCA RATON FL 33434-5628**

TITLE **SENIOR WARDEN (D)** ☒ Change ☐ Addition  
 NAME **Sidney King**  
 STREET ADDRESS **2111 N W 76TH AVE**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **SWD** ☐ Delete  
 NAME **DINKEL, ROBERT A JR**  
 STREET ADDRESS **7311 NW 58TH ST**  
 CITY-ST-ZIP **TAMARAC FL 33321-6018**

TITLE **JUNIOR WARDEN (D)** ☐ Change ☒ Addition  
 NAME **Michael S Binder**  
 STREET ADDRESS **940 NW 69 Terrace**  
 CITY-ST-ZIP **Margate FL 33063**

TITLE **JWD** ☐ Delete  
 NAME **KING, SIDNEY**  
 STREET ADDRESS **2111 NW 76TH AVE**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **TREASURER (D)** ☐ Change ☒ Addition  
 NAME **Dick Alton Lee Sr**  
 STREET ADDRESS **2895 N W 92nd Avenue**  
 CITY-ST-ZIP **Coal Springs FL 33065**

TITLE **TD** ☐ Delete  
 NAME **ARCHER, DAVID S**  
 STREET ADDRESS **2281 SW 15TH ST., #141**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442-7544**

TITLE **SECRETARY (D)** ☒ Change  
 NAME **David Spencer Archer**  
 STREET ADDRESS **2281 SW 15th St #141**  
 CITY-ST-ZIP **Deerfield Beach FL 33442-7544** ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 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:** *David S. Archer* **DAVID S. ARCHER, sec 3/22/02 954-428 2630**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)