

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07596

1. Entity Name

WORLDWIDE MASONIC BROTHERHOOD AND O.E.S., INC.

Principal Place of Business

Mailing Address

1535 N.W. 41 ST.
MIAMI FL 33142

1535 N.W. 41 ST.
MIAMI FL 33142-4862

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

59-2514442

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

MAJOR, DANIEL
1535 NW 41ST ST.
MIAMI FL 33142

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 PD
STREET ADDRESS CRISWELL, MOSES L.
CITY-ST-ZIP 9872 LAZY HOLLOW LANE
JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

TITLE
NAME VSD
STREET ADDRESS MAJOR, DANIEL
CITY-ST-ZIP 1535 N.W. 41 ST.
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

TITLE
NAME TD
STREET ADDRESS HOWARD, ROY C.
CITY-ST-ZIP 1438 N.W. 96TH ST.
MIAMI FL

☐ Delete

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NAME
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CITY-ST-ZIP

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☐ Change

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Major* DANIEL MAJOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-00 305-634-7455
Date Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90009 015 ****70.00



DO NOT WRITE IN THIS SPACE