

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736482

1. Entity Name

FRATERNAL ORDER OF EAGLES LAKE WORTH AERIE #3694

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90038 034 \*\*\*\*61.25

Principal Place of Business 2101 LAKE WORTH ROAD PO BOX 6647 LAKE WORTH FL 33461	Mailing Address 2101 LAKE WORTH ROAD PO BOX 6647 LAKE WORTH FL 33461-4231
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DO NOT WRITE IN THIS SPACE

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 <b>51-0193468</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BAHR, EDWARD J JR**  
**2970 ASHLEY DR E**  
**VILLA D**  
**WEST PALM BCH FL 33415**

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.

SIGNATURE \_\_\_\_\_ (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	
TITLE P	<input type="checkbox"/> Delete
NAME KAMPEN, NICK	
STREET ADDRESS 2021 LAKE WORTH RD	
CITY-ST-ZIP LAKE WORTH FL 33461	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME BOLDEROK, FRED	
STREET ADDRESS 1120 D DARKSIDE GREEN	
CITY-ST-ZIP W PALM BCH FL 33415	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME JAMES, ROBERT	
STREET ADDRESS 2181 BERMUDA RD	
CITY-ST-ZIP WEST PALM BCH FL 33406	
TITLE D	<input type="checkbox"/> Delete
NAME WILSON, GEORGE	
STREET ADDRESS 2181 BERMUDA RD	
CITY-ST-ZIP WEST PALM BCH FL 33406	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME BELDEROCK, FRED	
STREET ADDRESS 6469 SEMINOLE DR	
CITY-ST-ZIP LANTANA FL 33462	
TITLE D	<input type="checkbox"/> Delete
NAME HILD, ROGER	
STREET ADDRESS 910 DREW ST	
CITY-ST-ZIP LANTANA FL 33462	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVID LAWRENCE	
STREET ADDRESS ALMOND DR	
CITY-ST-ZIP LAKE WORTH FL 33461	
TITLE SD BARR JR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 2970 ASHLEY DR	
STREET ADDRESS VILLA D	
CITY-ST-ZIP WEST PALM BCH FL 33415	
TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROBERT JAMES	
STREET ADDRESS ALMOND DR	
CITY-ST-ZIP LAKE WORTH FL 33461	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAVID RUDDELL	
STREET ADDRESS 2ND ST	
CITY-ST-ZIP LAKE WORTH FL 33461	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 LAWRENCE RECEIVED SEC 1/20/2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)