

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90040 045 ****61.25

DOCUMENT # 755174

1. Entity Name
FRATERNAL ORDER OF EAGLES- LODGE NO. 3885, INC.

Principal Place of Business 170 W DEARBORN ST ENGLEWOOD FL 34223		Mailing Address 170 W DEARBORN ST ENGLEWOOD FL 34223-3237	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-0989146				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DUNKIN, DAVID A 170 W. DEARBORN STREET ENGLEWOOD FL 34223			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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HERB, JOHN K			NAME	CHAMBLISS, RICHARD SR.		
STREET ADDRESS	143 CEDAR STREET			STREET ADDRESS	60 North Mango St.		
CITY-ST-ZIP	ENGLEWOOD FL 34223			CITY-ST-ZIP	Englewood, FL 34223		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERRY, LEO G			NAME			
STREET ADDRESS	821 HARVARD STREET			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD FL 34223			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POSSINGER, JACK R			NAME			
STREET ADDRESS	810 TEXAS STREET			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD FL 34223			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BANASZEWSKI, RAYMOND J			NAME			
STREET ADDRESS	1496 BLUE HERON DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD FL 34224			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAMBLISS, RICHARD			NAME			
STREET ADDRESS	60 NORTH MANGO ST			STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD FL 34223			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, GEORGE B			NAME			
STREET ADDRESS	5867 VENSOTA RD			STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34293			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: Raymond J Banaszewski 1-26-00 941-475-2641
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #