

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90001 026 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**31-0989146**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DUNKIN, DAVID A  
 170 W. DEARBORN STREET  
 ENGLEWOOD FL 34223**

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  Delete  
 NAME **V CHAMBLESS, RICHARD SR**  
 STREET ADDRESS **60 NORTH MANGO ST**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE  Change  Addition  
 NAME **V HANCOCK, SIDNEY C.**  
 STREET ADDRESS **775 S. Oxford Drive**  
 CITY-ST-ZIP **Englewood, Florida 34223**

TITLE  Delete  
 NAME **PD PERRY, LEO G**  
 STREET ADDRESS **821 HARVARD STREET**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE  Change  Addition  
 NAME **P MOORE, PAUL D.**  
 STREET ADDRESS **680 Artist Avenue**  
 CITY-ST-ZIP **Englewood, FL 34223**

TITLE  Delete  
 NAME **TD POSSINGER, JACK R**  
 STREET ADDRESS **810 TEXAS STREET**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD BANASZEWSKI, RAYMOND J**  
 STREET ADDRESS **1496 BLUE HERON DRIVE**  
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T CHAMBLISS, RICHARD**  
 STREET ADDRESS **60 NORTH MANGO ST**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE  Change  Addition  
 NAME **T REASONER, ROBERT R.**  
 STREET ADDRESS **217B High Point Drive**  
 CITY-ST-ZIP **Englewood, FL 34223**

TITLE  Delete  
 NAME **T WILSON, GEORGE B**  
 STREET ADDRESS **5887 VENSOTA RD**  
 CITY-ST-ZIP **VENICE FL 34293**

TITLE  Change  Addition  
 NAME **TD ZIMMER, HUGH R.**  
 STREET ADDRESS **954 Texas St.**  
 CITY-ST-ZIP **Englewood, FL 34223**

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01  
 Date

475-2141  
 Daytime Phone #

CR2E037 (10/00)