

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90344 019 ****61.25

DOCUMENT # N14292

1. Entity Name

4108 AERIE IMMOKALEE, FRATERNAL ORDER OF EAGLES,

Principal Place of Business

Mailing Address

**403 NEW MARKET RD
 IMMOKALEE FL 34142**

**P.O. BOX 5063
 IMMOKALEE FL 34142**

2. Principal Place of Business

3. Mailing Address

403 N. MARKET RD

P.O. Box 5063

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

IMMOKALEE, FL

IMMOKALEE, FL

4. FEI Number

59-2528160

Applied For

Not Applicable

Zip

Country

Zip

Country

34143

Collier

34143

Collier

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

**LAWSON, RICHARD
 403 N MARKET RD
 SR 846
 IMMOKALEE FL 34142**

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

Richard Lawson

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-01

**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	P	<input type="checkbox"/> Delete
NAME	GALLIMORE, KENNETH	
STREET ADDRESS	PO BOX 362	
CITY-ST-ZIP	IMMOKALEE FL 34143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHIPMAN, JERRY	
STREET ADDRESS	100 SINGLETARY CR	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input type="checkbox"/> Delete
NAME	AYALA, MATEO	
STREET ADDRESS	207 WASHINGTON	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, RICHARD	
STREET ADDRESS	403 NEW MARKET RD	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ROBERT C	
STREET ADDRESS	RT1 BOX 18-A	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Ralph Cook	
STREET ADDRESS	1731 Beacon Point Rd	
CITY-ST-ZIP	Pahokee, FL 33476	
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: *Richard Lawson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Richard Lawson** DATE **2-21-01** DAYTIME PHONE # **1-941-657-2254**

CR2E037 (10/00)