2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 12, 2000 8:00 am
Secretary of State
03-21-2000 90027 003 ****70.00

DOCUMENT # N44439

1. Entity Name

CHARLES E. BROOKFIELD LODGE #86, FRATERNAL ORDER

Principal Place of Business	Mailing Address
10311 WATER HYACINTH ORLANDO FL 32825	C/O CHARLES E. BROOKFIELD P.O. BOX 620413 ORLANDO FL 32862-0413 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
414A Fairlane Ave.	414A Fairlane Ave.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Orlando, FL.	City & State: Orlando, FL.
Zip: 32809 Country:	Zip: 32809 Country:

4. FEI Number: 59-3059059 ☐ 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
HANCOCK, ROBERT W 2213 VINE ST. ORLANDO FL 32806	Name: Pamela Schuh Street Address (P.O. Box Number is Not Acceptable): 4116 Montrose Court City: Orlando FL Zip Code: 32812

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: Pamela D. Schuh — 3-10-00
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 / STREET ADDRESS / CITY-ST-ZIP	PD HANCOCK, ROBERT W. 2213 VINE ST. ORLANDO FL 32806	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President - D Robert Simonsen 10311 WATER HYACINTH DR. Orlando, FL. 32825	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SIMONSEN, ROBERT 10311 WABER HYACIATH DR ORLANDO FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st Vice President - D Cesar Ramos 9390 Borderline Dr. Orlando, FL. 32813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OLSSON, GEORGE S 3460 CIMARRON DR. ORLANDO FL 32829	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd Vice President Charles Thomas 4419 Gasparilla Ave. Orlando, FL. 32812	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Oscar Charette P.O. Box 560526 Orlando, FL. 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Pamela Schuh 4116 Montrose Ct. Orlando, FL. 32812	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STATE TRUSTEE - D George OLSSON 3460 Cimarron Dr. Orlando, FL. 32829	☒ Change ☐ Addition

CR2E047 (10/00)

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: [signature] Robert Simonsen 3/2/00 (407) 245-0859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #