2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006163

1. Entity Name

FRATERNAL ORDER OF EAGLES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90098 017 ****70.00

Principal Place of Business	Mailing Address
5843 BRANNEN ROAD WEST LAKELAND FL 33813	5843 BRANNEN ROAD WEST LAKELAND FL 33813-2704

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 59-3311257 ☐ 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
MALONE, THERESA J 5843 BRANNEN ROAD WEST LAKELAND FL 33813	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 THERESA J. MALONE Theresa J. Malone 2-7-00
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	D MALONE, THERESA J 6961 WHIDDEN ST BRADLEY FL 33835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARCH, ROBERT J 6521 NEWMAN CIRCLE LAKELAND FL 33811	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SANDRA K. LEY – D 2577 McINTOSH DR. LAKELAND, FL 33815	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARCH, JOAN T 6521 NEWMAN CIRCLE LAKELAND FL 33811	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN T. MAGUIRE – D 375 BRANNEN RD. W LOT #81 LAKELAND, FL 33813	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: THERESA J. MALONE T/D Theresa J. Malone 2/7/00 (863) 647-5797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #