

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710873

1. Entity Name

ELECTRICAL WORKERS FRATERNAL ORDER, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90238 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6603 E. CHELSEA STREET  
TAMPA FL 33610

6603 E. CHELSEA STREET  
TAMPA FL 33610-5630

00008207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7126779

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THORNHILL, HARRISON  
3200 LUCERNE PARK ROAD  
WINTER HAVEN FL 33881

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	D	<input type="checkbox"/> Delete
NAME	THORNHILL, HARRISON	
STREET ADDRESS	3200 LUCERNE PARK ROAD	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	BM	<input type="checkbox"/> Delete
NAME	DANY L JOHNSON	
STREET ADDRESS	12422 BALM RIVERVIEW RD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENLEY, C.W.	
STREET ADDRESS	512 VIRGINIA LANE	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DOUGLAS RON	
STREET ADDRESS	2104 WHITLOCK PL	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINS, PATTI	
STREET ADDRESS	2503 51ST ST CT E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	ABM	<input type="checkbox"/> Delete
NAME	NELSON GARY W	
STREET ADDRESS	533 5TH ST SE	
CITY-ST-ZIP	LARGO FL 33771	

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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00 8136265136

CR2E037 (9/99)