

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90132 027 ****61.25

DOCUMENT # 714136

1. Entity Name

**FRATERNAL ORDER OF TELEPHONE AND ELECTRICAL WORK
ERS, INC.**



Principal Place of Business

**2141 JACKSON STREET
FORT MYERS FL 33901**

Mailing Address

**2141 JACKSON STREET
FORT MYERS FL 33901**

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 **59-0769520**

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

**CRADDOCK, RICHARD K
2203 N.E. 3RD STREET
CAPE CORAL FL 33909**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard K Craddock

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **JARBO, JAMES**
STREET ADDRESS **5043 CORAL WOOD DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **WOODARD, BRENDLE**
STREET ADDRESS **4422 GLENWOOD AVE**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **DICARLO, DEBRA**
STREET ADDRESS **2026 SW 15TH AVE**
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **LINDA BROWNING**
STREET ADDRESS **2113 RIVER RIDGE BL**
CITY-ST-ZIP **FT MYERS, FL 33905**

TITLE **D** ☐ Delete
NAME **CARROLL, TERRY**
STREET ADDRESS **1604 PIONEY RD**
CITY-ST-ZIP **N. FORT MYERS FL 33903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GORDON, JOHNNY**
STREET ADDRESS **5333 SHOLTZ STREET**
CITY-ST-ZIP **NAPLES FL**

TITLE **DELEGATE** ☒ Change ☐ Addition
NAME **SHADLE, HARRY JR.**
STREET ADDRESS **6971 ESSEX DR**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE **D** ☒ Delete
NAME **FLINN, PHILLIP**
STREET ADDRESS **6290 14TH AVENUE S.W.**
CITY-ST-ZIP **NAPLES FL**

TITLE **DELEGATE** ☒ Change ☐ Addition
NAME **PARR, CHARLES M**
STREET ADDRESS **17160 CALOOSA TRACE CIR**
CITY-ST-ZIP **FT. MYERS, FL 33912**

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

Linda Browning

1/23/03

239 334-4191

CR2E037 (10/02)