

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90045 049 \*\*\*\*61.25

**DOCUMENT # 726885**

1. Entity Name

**FRATERNAL ORDER OF EAGLES, FIVE FLAGS AERIE NO.  
 3483, F.O.E. PENSACOLA, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**105 KENMORE ROAD  
 PENSACOLA FL 32503**

**PO BOX 6640  
 PENSACOLA FL 32503**

00034303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7365428**

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

**RUSH, DON W  
 90 MONARCH LANE  
 PENSACOLA FL 32503**

Name

**ED J. STEIN**

Street Address (P.O. Box Number is Not Acceptable)

**4152 5th AVE**

City

**PALM**

**FL**

Zip Code

**32571**

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

*Ed J. Stein*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-11-02**

**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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 BAILEY, JOHN A  
 9050 BRUNSON RD  
 PENSACOLA FL 32514**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S  
 ED J. STEIN  
 4152 5th AVE  
 PALM FL 32571**

TITLE ☒ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S  
 SANDERS, ROBERT A  
 101 MONAHAN DR  
 FORT WALTON BEACH FL 32547**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 JOHN WAZKO  
 4307 BAYON RIDGE RD  
 PALM FL 32571**

TITLE ☒ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 MORRISON, THOMAS F  
 6233 VICKSBURG DRIVE  
 PENSACOLA FL 32503**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P  
 ROBERT L. WIGGINS  
 83-A COMETA RD  
 CANTONMENT FL 32533**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 PATTULLO, WALLACE S  
 82 MONARCH LN  
 PENSACOLA FL 32504**

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

TITLE ☒ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 RUSH, DON W  
 90 MONARCH LANE  
 PENSACOLA FL 32503**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Robert L. Wiggins*

**2-11-02 850-476-5896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)