

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730073

1. Entity Name

FRATERNAL ORDER OF EAGLES OF PALM BEACH COUNTY,

Principal Place of Business

5201 BROADWAY  
WEST PALM BEACH FL 33407

/INC.

Mailing Address

5201 BROADWAY  
WEST PALM BEACH FL 33407

/INC.

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

23-7365046

Applied For

Not Applied For

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

COBURN, ARTHUR  
5082 PAT PLACE  
WEST PALM BEACH FL 33407

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  
NAME CRIAU, CHARLES  
STREET ADDRESS 1209 W 53RD STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

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

TITLE D  
NAME CAMPBELL, LEROY  
STREET ADDRESS 1209 W 53RD STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

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

TITLE SD  
NAME COBURN, ARTHUR  
STREET ADDRESS 5082 PAT PL  
CITY-ST-ZIP W PALM BCH, FL 00000 ☐ Delete

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

TITLE D  
NAME RAY, ROGER  
STREET ADDRESS 5938 BARBADOS WAY  
CITY-ST-ZIP W PALM BCH, FL 00000 ☐ 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

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 #

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90069 047 \*\*\*\*61.25

00011604



DO NOT WRITE IN THIS SPACE

SIGNATURE: ARTHUR COBURN 1-16-00 842-3405