

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/3

**FILED**  
Feb 26, 2001 8:00 am  
Secretary of State

01-30-2001 90215 020 \*\*\*\*61.25

DOCUMENT # 730073

1. Entity Name

FRATERNAL ORDER OF EAGLES OF PALM BEACH COUNTY,

Principal Place of Business

Mailing Address

5201 BROADWAY  
WEST PALM BEACH FL 33407

/INC.

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 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

Name

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

City

FL

Zip Code

COBURN, ARTHUR  
5082 PAT PLACE  
WEST PALM BEACH FL 33407

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CRIAU, CHARLES	
STREET ADDRESS	1209 W 53RD STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, LEROY	
STREET ADDRESS	1209 W 53RD STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COBURN, ARTHUR	
STREET ADDRESS	5082 PAT PL	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAY, ROGER	
STREET ADDRESS	5938 BARBADOS WAY	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIAU, CHARLES	
STREET ADDRESS	1209 W 53rd Street	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, LEROY	
STREET ADDRESS	7 DATE PALMWAY	
CITY-ST-ZIP	RIVIERA DUL FL 33404	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAWYER, William	
STREET ADDRESS	3533 Williams Street	
CITY-ST-ZIP	LAKE PARK, FL - 33403	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMON, CHARLES W	
STREET ADDRESS	4225-45th STREET G13	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

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

1-22-2001

Date

1-561-842-3405

Daytime Phone #

CR2E037 (10/00)