

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90063 009 \*\*\*\*61.25

**DOCUMENT # 730073**

1. Entity Name

**FRATERNAL ORDER OF EAGLES OF PALM BEACH COUNTY, INC.**

Principal Place of Business

5201 BROADWAY  
 WEST PALM BEACH FL 33407

Mailing Address

5201 BROADWAY  
 WEST PALM BEACH FL 33407

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

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

*Arthur Coburn*

*Arthur Coburn*

1-8-2002

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

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

TITLE: D  
 NAME: CAMPBELL, LEROY  
 STREET ADDRESS: 7 DATE PALMWAY  
 CITY-ST-ZIP: RIVIERA BEACH FL 33404 ☐ Delete

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

TITLE: D  
 NAME: SAWYER, WILLIAM  
 STREET ADDRESS: 3533 WILLIAMS STREET  
 CITY-ST-ZIP: LAKE PARK FL 33403 ☐ Delete

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

TITLE: D  
 NAME: AMON, CHARLES W  
 STREET ADDRESS: 4225 - 45TH STREET G 13  
 CITY-ST-ZIP: WEST PALM BEACH FL 33407 ☐ Delete

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 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:

*Arthur Coburn*

1-8-2002

1-561-842-3405

CR2E037 (9/01)