2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am **DOCUMENT # 731404 Secretary of State** 1. Entity Name 01-23-2001 90034 001 ****70 00 FRATERNAL ORDER OF EAGLES, SPACEPORT AERIE 3581. Principal Place of Business Mailing Address 3510 SOUTH STREET (HWY 405) 3510 SOUTH STREET (HWY 405) P.O. BOX 5237 P.O. BOX 5237 TITUSVILLE FL 32783-5237 TITUSVILLE FL 32783-5237 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1793654 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Éee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUTTER Street Address (P.O. Box Number is Not Acceptable) 3550 BARUA AVE CHAPMAN, JAMES H. **568 GARDENIA CIRCLE** TITUSVILLE FL 32796 3278-0 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. FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PESSIDONT D Celete CR2E037 (10/00) TITLE V. WALDEN UPTHEGROVE, KENNETH NAME NAME STREET ADDRESS SENTWOLF ST STREET ADDRESS 2182 A KNOX MCRAE DR CMY-ST-ZIP CITY-ST-ZIP 32780 TITUSVILLE FL 32780-5259 TIT) F Delete Vice Plesinons NAME SMITH, ROBERT M NAME STREET ADDRESS STREET ADDRESS 8140 ARGYLE RD ... CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32796 780 Delete Addition TITLE TITLE DALLAS C- BUTTOR BUTLER, DALLAS NAME NAME STREET ADDRESS STREET ADDRESS 3550 BARNA 3510 South St. 32780 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Addition ☐ Defete TITLE TITLE GRAFING, CHRISTIAN R SR GRAPING CHRISTIAN R. NAME NAME 3570 Sound St. 32780 STREET ADDRESS STREET ADDRESS 16 PATRICIA LANE CITY-ST-ZIP CITY-ST-ZIP TITUSUITLE TITUSVILLE FL 32780 TITLE Delete TITLE ☐ Change ☐ Addition LONG, OWIS B NAME NAME HEGEDITY STREET ADDRESS STREET ADDRESS 1322 BONNEAU BLVD CITY-ST-ZIP CITY-ST-Z#P avacase St. Tirusulle t CHRISTMAS FL 32709 TITLE TITLE . Mike Adams (T) ☐ Delete NAME NAME 3510 South St-STREET ADDRESS STREET ADDRESS TITUSUITLE BL 32780 CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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