2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
01-21-2002 90058 022 ****61.25

DOCUMENT # 731404

1. Entity Name

FRATERNAL ORDER OF EAGLES, SPACEPORT AERIE 3581, INC.

Principal Place of Business	Mailing Address
3510 SOUTH STREET (HWY 405) P.O. BOX 5237 TITUSVILLE FL 32783-5237	3510 SOUTH STREET (HWY 405) P.O. BOX 5237 TITUSVILLE FL 32783-5237

DO NOT WRITE IN THIS SPACE

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 59-1793654 ☐ 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
BUTLER, DALLAS 3550 BARNA AVE TITUSVILLE FL 32796	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T UPTHEGROVE, KENNETH 2182 A KNOX MCRAE DR TITUSVILLE FL 32780-5259	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D CHRISTIAN R GRAFING JR 16 PATRICIA LANE TITUSVILLE FL 32780	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, ROBERT M 8140 ARGYLE RD TITUSVILLE FL 32796	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAST PRESIDENT D RAY WALDEN 137 SEMINOLE ST TITUSVILLE FL 32780	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUTLER, DALLAS 3550 BARNA TITUSVILLE FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD GRAFING, CHRISTIAN R SR 16 PATRICIA LANE TITUSVILLE FL 32780	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee T MIKE ADAMS 6710 SOUTH FORK TITUSVILLE FL 32780	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LONG, OWIS B 1322 BONNEAU BLVD CHRISTMAS FL 32709	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee T COOKIE BONES 8410 POPLAR RD TITUSVILLE FL 32780	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CARLIE MYRICK T 3915 STERLING ST MIMS FL 32754	☒ Change ☐ Addition

CR2E037 (9/01)

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: Dallas Butler Dallas Butler 01/09/02 321 267-2830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #