

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90142 001 ****61.25
02-11-2003 90142 002 *****8.75

DOCUMENT # 731404



1. Entity Name
FRATERNAL ORDER OF EAGLES, SPACEPORT AERIE 3581, INC.

Principal Place of Business

Mailing Address

FOE 3581
P.O. BOX 5237
TITUSVILLE FL 32780

FOE 3581
P.O. BOX 5237
TITUSVILLE FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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 32780

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dallas C Butler Secretary
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRAFING, CHRISTIAN R DR	
STREET ADDRESS	16 PATRICIA LANE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	PPD	<input type="checkbox"/> Delete
NAME	WALDEN, RAY	
STREET ADDRESS	137 SEMINOLE STREET	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WALDEN, RAY	
STREET ADDRESS	137 SEMINOLE ST	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOLLES, GEORGE	
STREET ADDRESS	3410 FOOLAKE ROAD	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	T	<input type="checkbox"/> Delete
NAME	ADAMS, MIKE	
STREET ADDRESS	6710 SOUTH FORK	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MYRICK, CARLIE	
STREET ADDRESS	3915 STERLING STREET	
CITY-ST-ZIP	MIMS FL 32254	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dallas Butler	
STREET ADDRESS	3510 SOUTH ST.	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN RIANCORY	
STREET ADDRESS	3510 SOUTH ST.	
CITY-ST-ZIP	TITUSVILLE FL 32780	

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:

SI

Dallas Butler

321-267-2430
2-1-03

CR2E037 (10/02)