

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90035 035 ****61.25

DOCUMENT # 736223

1. Entity Name

FRATERNAL ORDER OF EAGLES GOLD COAST AERIE #3700 INC.

Principal Place of Business

Mailing Address

**560 N E 36TH ST
 OAKLAND FL 33334**

**560 N E 36TH ST
 OAKLAND FL 33334**

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 **59-1713915**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORS, RONALD R
 6431 NW 34TH AVE
 FT LAUDERDALE FL 33309**

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	PD FORS, RON, R 6431 N.W. 34TH AVE FT LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAYSER, WILBUR 5225 N.E. 1ST AVE FT. LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP PELOTT, DAVE 1702 N.W. 45TH COURT TAMARAC FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIRGIL KINCAID 3789 N DIXIE HWY OAKLAND PARK FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BOUTIN, ROLAND 2756 N.E. 27TH AVE. LIGHTHOUSE PT. FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP SABOURIN, Leo 2585 NW 49TH CT TAMARAC, FL 33309	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 JAN 02 (954) J65-6605

Date

Daytime Phone #

CR2E037 (9/01)