

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

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90079 032 \*\*\*\*66.25

**DOCUMENT # 763268**

1. Entity Name

**FRATERNAL ORDER OF EAGLES BOYNTON BEACH AERIE 39  
44, INC.**



Principal Place of Business

**1002 N FEDERAL HWY  
SUITE 11  
BOYNTON BEACH FL 33435  
US**

Mailing Address

**P O BOX 671  
SUITE 11  
BOYNTON BEACH FL 33425  
US**

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 **31-0989635**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KAIGLE, GEORGE L  
4077 WHITEPINE DR  
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

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 GEORGE L. KAIGLE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

George L. Kaigle

1-7-03

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 **P**  
NAME **IRELAND, JAMES**  
STREET ADDRESS **612 NW 7TH CT**  
CITY-ST-ZIP **BOYNTON BEACH FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **P**  
NAME **MCCORMICK, CARRY**  
STREET ADDRESS **1610 N.W. 21 ST**  
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **TD**  
NAME **CHANDLER, JOHN S**  
STREET ADDRESS **3265 ORANGE ST.**  
CITY-ST-ZIP **BOYNTON BCH. FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **T**  
NAME **COLLINS, KERIN**  
STREET ADDRESS **650 HOIRZONS E APT 107**  
CITY-ST-ZIP **BOYNTON BEACH FL 33435-5730**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **SD**  
NAME **KAIGLE, GEORGE L**  
STREET ADDRESS **4077 WHITEPINE DR**  
CITY-ST-ZIP **BOYNTON BEACH FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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: SIG George L. Kaigle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 561-734-8155

CR2E037 (10/02)