

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765691

1. Entity Name

FRATERNAL ORDER OF EAGLES GATEWAY AERIE #4018 LA

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90075 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

804 10TH ST.  
LAKE PARK FL 33403

804 10TH ST.  
LAKE PARK FL 33403-2422

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

59-2243656

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

NUTAITIS, CHARLES  
5400 N DIXIE HWY  
W PALM BEACH FL 33407

CHARLES NUTAITIS

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

*Charles Nutaitis*

(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

TITLE	S	<input type="checkbox"/> Delete
NAME	NUTAITIS, CHARLES	
STREET ADDRESS	5400 N DIXIE HWY B-7	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWTON, WILLIAM	
STREET ADDRESS	2301 PINCOURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, JERRY	
STREET ADDRESS	9152 PEBBLES ROAD	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANCHARD, MARK	
STREET ADDRESS	4250 74 ST.	
CITY-ST-ZIP	RIVERIA BCH. FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDERSON, NORMAN	
STREET ADDRESS	1501 CRESCENT CIRCLE	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDERMOTT, DAVID	
STREET ADDRESS	1013 RIVERSIDE DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Charles Nutaitis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES NUTAITIS

NOTARIES

561 848 9044

Date

Daytime Phone #

CR2E037 (9/99)