

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 767110**

1. Entity Name

LARGO FLORIDA AERIE 4013, FRATERNAL ORDER OF EAGLES

Principal Place of Business

Mailing Address

13308 66TH ST N
LARGO FL 33773
US13308 66TH ST N
LARGO F 33773-1815
US

2. Principal Place of Business

SAME AS MAILING ADDRESS

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2191082

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

STORS, JAMES A
2770 ROOSEVELT BOULEVARD, #3002
CLEARWATER FL 33760

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

JAMES A. STORS

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

(NOTE: Registered Agent signature required when reinstating)

*James A. Stors***2-4-2000**

DATE

FILE NOW:
FEE IS \$61.259. 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 **PD** ☐ Delete
NAME **WATSON, OKIE C**
STREET ADDRESS **12100 SEMINOLE BLVD., #69**
CITY-ST-ZIP **LARGO FL 34840**TITLE **TD** ☐ Delete
NAME **CONDON, LOUIS**
STREET ADDRESS **8827 ROBIN RD**
CITY-ST-ZIP **SEMINOLE FL 33777**TITLE **SD** ☐ Delete
NAME **STORS, JAMES A**
STREET ADDRESS **8125 COTTONWOODE DRIVE**
CITY-ST-ZIP **LARGO FL 33773**TITLE **TD** ☐ Delete
NAME **COULTER, WILLIAM C**
STREET ADDRESS **2084 SUNSET GROVE LANE**
CITY-ST-ZIP **CLEARWATER FL 37625**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT: JAMES A. STORS 2/4/2000 (727) 530-7925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90021 035 ****61.25

00018456



DO NOT WRITE IN THIS SPACE