

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90447 008 \*\*\*\*61.25

**DOCUMENT # 767110**

1. Entity Name

**LARGO FLORIDA AERIE 4013, FRATERNAL ORDER OF EAG**

Principal Place of Business

13308 66TH ST N  
LARGO FL 33773  
US

Mailing Address

13308 66TH ST N  
LARGO F 33773  
US

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

**59-2191082**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CLOUSE, GERALD L.**

Street Address (P.O. Box Number is Not Acceptable)  
**7360 ULMERTON RD # 28-C**

City **LARGO**

FL Zip Code **33771**

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 **GERALD L. CLOUSE** *Gerald L. Clouse* (SECRETARY) 4-25-01

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

TITLE **PD** ☒ Delete  
NAME **WATSON, OKIE C**  
STREET ADDRESS **12100 SEMINOLE BLVD., #69**  
CITY-ST-ZIP **LARGO FL 34640**

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-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **Di SANTO EDWARD**  
STREET ADDRESS **10034 86 WAY N**  
CITY-ST-ZIP **LARGO, FL 33777**

TITLE **TD** ☒ Change ☐ Addition  
NAME **JONES, PATRICK**  
STREET ADDRESS **8837 79 PL. N.**  
CITY-ST-ZIP **SEMINOLE, FL 33777**

TITLE **SD** ☒ Change ☐ Addition  
NAME **CLOUSE, GERALD L.**  
STREET ADDRESS **7360 ULMERTON RD. 28-C**  
CITY-ST-ZIP **LARGO, FL 33771**

TITLE **TD** ☐ Change ☐ Addition  
NAME **SAME**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Gerald L. Clouse* **GERALD L. CLOUSE**

4-25-01

727  
530-7955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)