

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767724

1. Entity Name

HOLLY HILL AERIE #4033, FRATERNAL ORDER OF EAGLE

Principal Place of Business

615 RIDGEWOOD AVENUE
HOLLY HILL FL 32117
US

Mailing Address

P.O. BOX 250821
DAYTONA BEACH FL 32125-0821
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

59-2258647

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

HERMAN, N. JAMES SR
120 SUNNY BROOK CIR S
ORMOND BEACH FL 32174

Name

Joe Woody

Street Address (P.O. Box Number is Not Acceptable)

240 7th St. Lot #15

City

Holly Hill

FL

Zip Code

32117

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

Joe Woody

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

Joe Woody

(NOTE: Registered Agent signature required when reinstating)

Nov 22, 2000

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 PD
NAME ANDERSON, GEORGE ☐ Delete
STREET ADDRESS 321 CAVANAUGH DR
CITY-ST-ZIP HOLLY HILL FL 32117

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500003496745--0
CITY-ST-ZIP -12/12/00--01035--010

TITLE DV
NAME KURRAS, WILLIAM ☐ Delete
STREET ADDRESS 1090 N US 1
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE SD
NAME CASEY, FREDERICK ☐ Delete
STREET ADDRESS 2195 ORANGE AVE
CITY-ST-ZIP DAYTONA BEACH FL 32124

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

TITLE TD
NAME MC DERMOTT, JAMES ☐ Delete
STREET ADDRESS 458 S BEACH ST
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Joe Woody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 22, 2000

Date

904-257-4033

Daytime Phone #

CR2E037 (5/00)