

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

1/1

01-17-2003 90042 004 \*\*\*\*61.25

**DOCUMENT # N02000001508**

1. Entity Name

**FRATERNAL ORDER OF EAGLES, HOLLY HILL AERIE #403**  
**3**



Principal Place of Business

**257A RIVERSIDE DR.  
HOLLY HILL FL 32117**

Mailing Address

**P.O. BOX 250821  
HOLLY HILL FL 32125**

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

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>S</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>CASEY, FRED L</b>            |                                 |
| STREET ADDRESS | <b>2195 ORANGE DR.</b>          |                                 |
| CITY-ST-ZIP    | <b>DAYTONA BEACH FL 32128</b>   |                                 |
| TITLE          | <b>TRUSTEE</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>MIKE FISHER</b>              |                                 |
| STREET ADDRESS | <b>1525 WILD ROSE</b>           |                                 |
| CITY-ST-ZIP    | <b>DAYTONA BEACH, FL 32117</b>  |                                 |
| TITLE          | <b>TRUSTEE</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>EDWARD LUTHER</b>            |                                 |
| STREET ADDRESS | <b>309 RIVERSIDE DR APT 310</b> |                                 |
| CITY-ST-ZIP    | <b>HOLLY HILL, FL 32117</b>     |                                 |
| TITLE          | <b>TREASURER</b>                | <input type="checkbox"/> Delete |
| NAME           | <b>GUY MORENCY</b>              |                                 |
| STREET ADDRESS | <b>406 RIDGEWOOD AV</b>         |                                 |
| CITY-ST-ZIP    | <b>HOLLY HILL, FL 32117</b>     |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| 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: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/03**

Date

**384-756-8144**

Daytime Phone #

CR20037 (10/02)