

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10769

1. Entity Name

ST. PETERSBURG AERIE #3658, FRATERNAL ORDER OF E

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90035 003 ****61.25

Principal Place of Business

3712 51ST AVENUE NORTH
 ST. PETERSBURG FL 33714
 US

Mailing Address

3712 51ST AVENUE NORTH
 ST. PETERSBURG FL 33714
 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

51-0193461

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

~~RUGER, CLARENCE~~
~~735-43RD AVENUE N.E.~~
~~ST. PETERSBURG FL 33703~~

Name

Richard E Fitzpatrick

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

4100-62 Ave N #80
 Pinellas Park, FL

City

FL

Zip Code

33781

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

Richard E Fitzpatrick

(NOTE: Registered Agent signature required when registering)

DATE

8-23-00

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	P	<input type="checkbox"/> Delete
NAME	HAKLER, FRANK	
STREET ADDRESS	5769 CALAIS BLVD., #4	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCLINTIC, AL	
STREET ADDRESS	6315 102 TERRACE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TRUMBULL, DON	
STREET ADDRESS	5335 46TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RUGER, CLARENCE	
STREET ADDRESS	735 - 43RD AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WEST, JACK	
STREET ADDRESS	3658 76TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	STROBRIDGE, JOHN H	
STREET ADDRESS	3532 IRIS STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

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	Richard E. Fitzpatrick	
STREET ADDRESS	4100-62 Ave N #80	
CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven C. Davis	
STREET ADDRESS	4511-42 Ave N	
CITY-ST-ZIP	ST Petersburg, FL 33710	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian M. Dine	
STREET ADDRESS	4508-70 STN	
CITY-ST-ZIP	ST Petersburg, FL 33709	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E Fitzpatrick 8-23-00 727-525-8089

Date

Daytime Phone #

CR2E037 (5/00)