

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90054 021 ****70.00

DOCUMENT # N10769

1. Entity Name

**ST. PETERSBURG AERIE #3658, FRATERNAL ORDER OF E
 AGLES, INC.**

Principal Place of Business

Mailing Address

**3712 51ST AVENUE NORTH
 ST. PETERSBURG FL 33714
 US**

**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

**FITZPATRICK, RICHARD E
 4100 62 AVE N
 #80
 PINELLAS PARK FL 33781**

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 *RICHARD E. FITZPATRICK*

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

(NOTE: Registered Agent signature required when reinstating)

3-14-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VP HAKLER, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	5756 CALAIS BLVD # 3	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE NAME	P GALBREATH, EDGAR	<input type="checkbox"/> Delete
STREET ADDRESS	6921-39 ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE NAME	S FITZPATRICK, RICHARD E	<input type="checkbox"/> Delete
STREET ADDRESS	4100 62 AVE W #80	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE NAME	DT TRUMBULL, DON	<input type="checkbox"/> Delete
STREET ADDRESS	3335-46 AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE NAME	DT CRETONS, GARY	<input type="checkbox"/> Delete
STREET ADDRESS	2520-15 AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE NAME	DT MORRIS, JIM	<input type="checkbox"/> Delete
STREET ADDRESS	2520-15 AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *RICHARD E. FITZPATRICK*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

Date

727-525839

Daytime Phone #

CR2E037 (9/01)