## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # N12643 Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** FRATERNAL ORDER OF EAGLES LADIES AUXILLIARY 4013 01-18-2000 90118 047 \*\*\*\*61.25 Principal Place of Business Mailing Address 13308 66TH ST N 13308 66TH ST N SUITE D SUITE D LARGO FL 33773 LARGO FL 33773-1815 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 52-1266941 Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Paula M. DiSanto Street Address (P.O. Box Number is Not Acceptable) 9255 Fairweather Drive PROVOST, DEBORAH

8836 79TH PL NORTH SEMINOLE FL 33777 Largo 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. Paula M. DiSanto - Secretary 01-07-00 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE TITLE ☐ Delete PD NAME SCHULZ, BARBARA NAME Heikkila, Carol STREET ADDRESS STREET ADDRESS 12136 80TH AVE N 14674 63rd Way N. CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 Clearwater, FL 32376 ☐ Addition TITLE TITI F Delete NAME WALTER, WINNIE NAME STREET ADDRESS Schulz, Barbara STREET ADDRESS 415 3RD AVE N CITY-ST-ZIP CITY-ST-ZIP 12136 80th Ave. N. SAFETY HARBOR FL VPD -Seminole, FL 33772 TITLE. Addition TITLE · 🖃 · Delete 🔻 🗕 NAME HELKKA, CAROL NAME STREET ADDRESS STREET ADDRESS 14674 63RD WAY N Underwood, Fannie CITY-ST-7IP CITY-ST-ZIP CLEARWTER FL 32376 6350 - 146th Ave. N ☐ Addition TITLE ☐ Change ☐ Delete TITLE Clearwater, FL 33760 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of er like empowered. OU Fraula M. Disanto 01-07-00 727-397-6304

Applied For

\$8.75 Additional

Fee Required

Not Applicable

SIGNATURE: 1