

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90064 044 \*\*\*\*61.25

**DOCUMENT # N12643**

1. Entity Name

**FRATERNAL ORDER OF EAGLES LADIES AUXILLIARY 4013 INC.**

Principal Place of Business

Mailing Address

13308 66TH ST N  
 SUITE D  
 LARGO FL 33773  
 US

13308 66TH ST N  
 SUITE D  
 LARGO FL 33773  
 US

2. Principal Place of Business

3. Mailing Address

*Same as above.*

*Same as above.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-1266941**

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

**DISANTO, PAULA M**  
**9255 FAIRWEATHER DR**  
**LARGO FL 33773**

Name **Jacqueline E. Robinson**

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

**9600 134th Way N.**

City **Seminole**

**FL**

Zip Code **33776**

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

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

*(Jacqueline Robinson)*  
 (NOTE: Registered Agent signature required when reinstating)

**8/19/2002**

DATE

**After September 13, 2002,**  
**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	VPD	<input type="checkbox"/> Delete
NAME	JONES, DEBORAH	
STREET ADDRESS	8836 794A PLACE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAIKKILA, CAROL	
STREET ADDRESS	14674 63RD WAY N	
CITY-ST-ZIP	CLEARWATER FL 32376	
TITLE	PD	<input type="checkbox"/> Delete
NAME	UNDERWOOD, FANNIE	
STREET ADDRESS	6350 146TH AVE N	
CITY-ST-ZIP	CLEARWATER FL 33760	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lowell, Grace	
STREET ADDRESS	6700 150TH AVE N #917	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley, Kimberly	
STREET ADDRESS	15478 60TH ST N	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Deborah	
STREET ADDRESS	8836 79TH PLACE N	
CITY-ST-ZIP	SEMINOLE, FL 33777	
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:

*Jacqueline Robinson*  
 (Secretary)  
**8/22/02 798-7892**

CR2E037 (4/02)