

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/2:

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90126 050 \*\*\*\*61.25

**DOCUMENT # N15000**

1. Entity Name

**FRATERNAL ORDER OF EAGLES AUXILIARY, INC.**

Principal Place of Business

Mailing Address

4201 NE 36 AVENUE  
 Ocala FL 34479

4201 NE 36 AVENUE  
 Ocala FL 34479

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

**NOT APPLICABLE**

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

**CHANDLER KAREO**

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

**1936 NE. 7 STREET**

City

**OCALA**

**FL**

Zip Code

**34470**

**GRZYB, SHARON**  
**910 S.E. 28TH STREET**  
**OCALA FL 34471**

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

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

(NOTE: Registered Agent signature required when reinstating)

**1/16/01**

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 **PD** ☐ Delete  
 NAME **LOVEDAY, SUSAN**  
 STREET ADDRESS **2326 N.E. 54TH PL.**  
 CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☒ Delete  
 NAME **GRZYB, SHARON**  
 STREET ADDRESS **910 S.E. 28TH ST.**  
 CITY-ST-ZIP **OCALA FL**

TITLE **KAREO CHANDLER Sec.** ☐ Change ☒ Addition  
 NAME **1936 N.E. 7 STREET**  
 STREET ADDRESS **OCALA, FL 34470**  
 CITY-ST-ZIP **SD**

TITLE **T** ☒ Delete  
 NAME **ADAMS, DORIS**  
 STREET ADDRESS **7334 N.E. JACKSONVILLE RD.**  
 CITY-ST-ZIP **OCALA FL**

TITLE **Treasurer** ☐ Change ☒ Addition  
 NAME **ANA KANNAMACHER**  
 STREET ADDRESS **3916 NE 22 LANE**  
 CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

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**  
**KAREO CHANDLER**

**1/16/01**

Date

Daytime Phone #

CR2E037 (10/00)