

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22746

1. Entity Name

FELLSMERE GRANGE HALL, INC. ✓

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90122 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

32 N BROADWAY  
FELLSMERE FL 32948  
US

P O BOX 186  
FELLSMERE FL 32948-0186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2885147

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

VANDEVOORDE, RENE' G.  
1327 N. CENTRAL AVENUE  
SEBASTIAN FL 32958-3862

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

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

(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	YURKIEWICZ, PETER	
STREET ADDRESS	175-S ELM STREET	
CITY-ST-ZIP	FELLSMERE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, LOUISE	
STREET ADDRESS	PO BOX 127	
CITY-ST-ZIP	FELLSMERE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLAHERTY, KATHRYN	
STREET ADDRESS	608 EGRET CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINTERMUTE, CHARLES	
STREET ADDRESS	4725 84TH STREET	
CITY-ST-ZIP	WABASSO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AKERS, REVIS	
STREET ADDRESS	111 S. OLEANDER ST	
CITY-ST-ZIP	FELLSMERE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVAN, EVELYN	
STREET ADDRESS	14095 109TH ST	
CITY-ST-ZIP	FELLSMERE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHRYN M. FLAHERTY	
STREET ADDRESS	973 RIVIERA AVENUE	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	P.O. Box 276	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roseland, FL 32957-0276	
STREET ADDRESS	9713 RIVIERA AVENUE	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)