

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22746

1. Entity Name

FELLSMERE GRANGE HALL, INC.

Principal Place of Business

32 N BROADWAY
FELLSMERE FL 32948
US

Mailing Address

P O BOX 186
FELLSMERE FL 32948-3601

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

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
NAME YURKIEWICZ, PETER
STREET ADDRESS 175-S ELM STREET
CITY-ST-ZIP FELLSMERE FL 32948 ☐ Delete

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

TITLE TD
NAME FLAHERTY, KATHRYN
STREET ADDRESS P.O. BOX 276
CITY-ST-ZIP ROSELAND FL 32957-0276 ☐ Delete

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

TITLE SD
NAME FLAHERTY, KATHRYN
STREET ADDRESS P.O. BOX 276
CITY-ST-ZIP ROSELAND FL 32957-0276 ☐ Delete

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

TITLE D
NAME WINTERMUTE, CHARLES
STREET ADDRESS 4725 84TH STREET
CITY-ST-ZIP VERO BEACH FL 32967 ☐ Delete

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

TITLE D
NAME AKERS, REVIS
STREET ADDRESS 111 S. OLEANDER ST
CITY-ST-ZIP FELLSMERE FL 32948 ☐ Delete

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

TITLE PD
NAME LEVAN, EVELYN
STREET ADDRESS 14095 109TH ST
CITY-ST-ZIP FELLSMERE FL 32948 ☐ Delete

TITLE
NAME ☐ Change ☐ 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:

Kathryn M. Flaherty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02 772-581-0873

CR2E037 (9/01)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90023 035 ****61.25



DO NOT WRITE IN THIS SPACE