

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25389

1. Entity Name

FLAGLER COUNTY AERIE #4173, FRATERNAL ORDER OF E

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90138 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5959 N. COEANSORE BLVD.  
PALM COAST FL 32137

PO BOX 343  
FLAGLER BEACH FL 32136-0343  
US

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

59-2808059

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

VICKERS, MICHAEL L  
5959 N OCEANSORE BLVD  
PALM COAST FL 32137

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 ☐ Delete  
NAME VERN NICKOL  
STREET ADDRESS 5959 N OCEAN SHORE BLVD  
CITY-ST-ZIP PALM COAST FL

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS CARLTON, ANTHONY  
CITY-ST-ZIP 5959 N. OCEAN SHORE BLVD.  
PALM COAST FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS MORGAN, WILLIAM  
CITY-ST-ZIP 5960 N OCEAN SHORE BLVD  
PALM COAST FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS RILEY, BRIAN  
CITY-ST-ZIP 5959 N. OCEAN SHORE BLVD.  
PALM COAST FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BRUBAKER, RICHARD  
CITY-ST-ZIP 5959 N. OCEAN SHORE BLVD.  
PALM COAST FL

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

TITLE ☐ Delete  
NAME TR  
STREET ADDRESS NAVENTI, GARY  
CITY-ST-ZIP 5959 N. OCEASHORE BOULEVARD  
PALM COAST FL

☐ Change ☐ Addition  
TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL L Vickers 1-10-2000

Date

Daytime Phone #

CR2E037 (9/99)