

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90005 031 ****61.25

DOCUMENT # N25389

1. Entity Name

FLAGLER COUNTY AERIE #4173, FRATERNAL ORDER OF E

Principal Place of Business

5959 N. COEANSORE BLVD.
 PALM COAST FL 32137

Mailing Address

PO BOX 343
 FLAGLER BEACH FL 32136
 US

773820



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2808059**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 **Michael Beers**

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

5960 N. Oceanshore Blvd. #3

City **Palm Coast**

FL

Zip Code **32137**

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

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

Michael Beers

Michael Beers, Secretary

July 16, 2001

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
After September 12, 2001, 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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Trustee** ☐ Change ☒ Addition
 NAME **Mark Palmer**
 STREET ADDRESS **5959 N. Oceanshore Blvd.**
 CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **Trustee** ☐ Change ☒ Addition
 NAME **John Alligood**
 STREET ADDRESS **5959 N. Oceanshore Blvd.**
 CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **Trustee** ☐ Change ☒ Addition
 NAME **Lenny O'boyle**
 STREET ADDRESS **5959 N. Oceanshore Blvd.**
 CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **Trustee** ☐ Change ☒ Addition
 NAME **Robert Smith**
 STREET ADDRESS **5959 N. Oceanshore Blvd.**
 CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **Trustee** ☐ Change ☒ Addition
 NAME **Mike Moyer**
 STREET ADDRESS **5959 N. Oceanshore Blvd.**
 CITY-ST-ZIP **Palm Coast, FL 32137**

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:

Mark S. Palmer **Mark S. Palmer** 7/16/01

386-445-5827

CR2E037 (5/01)