

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25389

1. Entity Name

FLAGLER COUNTY AERIE #4173, FRATERNAL ORDER OF E

Principal Place of Business

5959 N. COEANSHORE BLVD.
PALM COAST FL 32137

Mailing Address

PO BOX 343
FLAGLER BEACH FL 32136
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

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

Name *Michael Beers*

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

5960 N. Oceanshore Blvd. #3

City *Palm Coast*

FL Zip Code
32137

7. Name and Address of New Registered Agent

8. The above named entity submitted this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

Michael Beers, Secretary

July 16, 2001

(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

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	TITLE	NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERN NICKOL 5959 N OCEAN SHORE BLVD. PALM COAST FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLTON, ANTHONY 5959 N. OCEAN SHORE BLVD. PALM COAST FL	<input checked="" type="checkbox"/> Delete	Trustee Mark Palmer 5959 N. Oceanshore Blvd. Palm Coast, FL 32137	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORGAN, WILLIAM 5960 N OCEAN SHORE BLVD. PALM COAST FL	<input checked="" type="checkbox"/> Delete	Trustee John Alligood 5959 N. Oceanshore Blvd. Palm Coast, FL 32137	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RILEY, BRIAN 5959 N. OCEAN SHORE BLVD. PALM COAST FL	<input checked="" type="checkbox"/> Delete	Trustee Lenny O'boyle 5959 N. Oceanshore Blvd. Palm Coast, FL 32137	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUBAKER, RICHARD 5959 N. OCEAN SHORE BLVD. PALM COAST FL	<input checked="" type="checkbox"/> Delete	Trustee Robert Smith 5959. N. Ocean shore Blvd. Palm Coast, FL 32137	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR NAVENTI, GARY 5959 N. OCEASHORE BOULEVARD PALM COAST FL	<input checked="" type="checkbox"/> Delete	Trustee Mike Moyer 5959 N. Ocean shore Blvd. Palm Coast, FL 32137	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> 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: *Mark S. Palmer* 7/16/01 386-445-5887