

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90010 030 ****61.25

DOCUMENT # N25389

1. Entity Name

FLAGLER COUNTY AERIE #4173, FRATERNAL ORDER OF E
AGLES, INC.

Principal Place of Business

Mailing Address

5959 N. COEANSHORE BLVD.
PALM COAST FL 32137

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

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

BEERS, MICHAEL
5960 N OCEANSHORE BLVD.
3
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 P ☐ Delete
NAME VERN NICKOL
STREET ADDRESS 5959 N OCEAN SHORE BLVD
CITY-ST-ZIP PALM COAST FL

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

TITLE T ☐ Delete
NAME PALMER, MARK
STREET ADDRESS 5959 N OCEANSHORE BLVD.
CITY-ST-ZIP PALM COAST FL 32137

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

TITLE T ☐ Delete
NAME ALLIGOOD, JOHN
STREET ADDRESS 5959 N OCEANSHORE BLVD.
CITY-ST-ZIP PALM COAST FL 32137

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

TITLE T ☐ Delete
NAME O'BOYLE, LENNY
STREET ADDRESS 5959 N OCEANSHORE BLVD.
CITY-ST-ZIP PALM COAST FL 32137

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

TITLE T ☐ Delete
NAME SMITH, ROBERT
STREET ADDRESS 5959 N OCEANSHORE BLVD.
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☒ Change ☐ Addition
NAME JENNINGS JACK
STREET ADDRESS 36 N SHADY LAKE
CITY-ST-ZIP PALM COAST FL 32137

TITLE T ☐ Delete
NAME MOYER, MIKE
STREET ADDRESS 5959 N OCEANSHORE BLVD.
CITY-ST-ZIP PALM COAST FL 32137

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

Date

Daytime Phone #

CR2E037 (9/01)