## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 09, 2001 8:00 am Secretary of State **DOCUMENT # N30885** 1. Entity Name THE FRATERNAL ORDER OF FIREFIGHTERS GRAND LODGE, 02-09-2001 90237 046 \*\*\*\*70.00 Mailing Address Principal Place of Business 2801 TUXEDO AVE 2801 TUXEDO AVE W PALM BEACH FL 33405 W PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DOREY, RICK J 128 LONGFELLOW DRIVE LAKE WORTH FL 33461 Zio Code FL 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition nes. \*Change Delete TITLE TITLE RICK J DOREY DR. P NAMÉ NAME BERLIN, ROBERT A. STREET ADDRESS STREET ADDRESS 5650 SEA PINE RD Lake worth F1. 33461-2034 CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL V. PRes. Change Addition D ☐ Delete TITLE TITLE Everett, Carlo NAME DOREY, RICK J. NAME 53 159th ct. N STREET ADDRESS STREET ADDRESS 128 LONGFELLOW DR. CITY-ST-ZIP" Gardens f1 -3-3418 CITY-ST-ZIP PALM SPIRNGS FL Addition ☐ Delete TITLE TITLE T. WEBB NAME NAME EVERETT, CARLO 938 162 ct. STREET ADDRESS STREET ADDRESS 8353 159TH CRT N Gardens, F7. 33418 CITY-ST-ZIP Beech CITY-ST-ZIP PALM BCH GARDEN FL 33418 Addition ☐ Delete TITLE TITLE Thomas Sheppand NAME NAME STREET ADDRESS STREET ADDRESS Teakwood CITY-ST-ZIP 3346 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

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