

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90107 039 ****61.25

DOCUMENT # N43768

1. Entity Name

FORT LAUDERDALE FRATERNAL ORDER OF EAGLES #3140

Principal Place of Business

2135 W. DAVIE BLVD
FT LAUDERDALE FL 33312

Mailing Address

2135 W. DAVIE BLVD
FT LAUDERDALE FL 33312

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

NOT APPLICABLE

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

BENNETT, HELEN
2820 SW 4 STREET
FT LAUDERDALE FL 33312

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
After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TR ☐ Delete
NAME LEFTEROFF, MARIAN
STREET ADDRESS 2604 SW 9TH PL
CITY-ST-ZIP FT LAUDERDALE FL 33312

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

TITLE TR ☒ Delete
NAME MCFARLANE, BERTIE
STREET ADDRESS 1436 SW 10 ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Change ☒ Addition
NAME TRUSTEE
STREET ADDRESS DELORES CORMIER
CITY-ST-ZIP 9510 SEAGRAPE DR.
FT. LAUD. FL 33324

TITLE DP ☒ Delete
NAME JOHNSON, JUDY
STREET ADDRESS 2409 WATERSIDE DR
CITY-ST-ZIP FT LAUD FL 33312

TITLE ☐ Change ☒ Addition
NAME VERONICA FERRARO
STREET ADDRESS 1835 SW 81 AVE
CITY-ST-ZIP DAVIE, FL 33324

TITLE DS ☐ Delete
NAME BENNETT, HELEN
STREET ADDRESS 2820 SW 4 ST
CITY-ST-ZIP FT LAUD FL 33312

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

TITLE TR ☒ Delete
NAME DAUAIRE, SHIRLEY
STREET ADDRESS 2881 N PINE ISL RD #212
CITY-ST-ZIP SUNRISE FL 33322

TITLE ☐ Change ☒ Addition
NAME TRUSTEE
STREET ADDRESS BARBARA MAGINNIS
CITY-ST-ZIP 814 NW 12 AVE
DANIA, FL 33004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

HELEN BENNETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/00

Date

954-583-8694

Daytime Phone #

CR2E037 (5/00)