

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90135 015 ****61.25

DOCUMENT # N43768

1. Entity Name

FORT LAUDERDALE FRATERNAL ORDER OF EAGLES #3140 *AUXILIARY*

4/4/01

Principal Place of Business

Mailing Address

2135 W. DAVIE BLVD
 FT LAUDERDALE FL 33312

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



DO NOT WRITE IN THIS SPACE

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

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: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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

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

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

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

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

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

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

TITLE: **TRUSTEE** Change Addition
 NAME: **DELORES CORMIER**
 STREET ADDRESS: **9510 SEA GRAPE DV. #102**
 CITY-ST-ZIP: **FT. LAUD., FL 33324**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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: *Helen Bennett, Director*

4/4/01

954-764-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)