

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90157 026 ****61.25

DOCUMENT # N92000000766

1. Entity Name

FRATERNAL ORDER OF EAGLES #4216 AUXILIARY, INC.

Principal Place of Business

Mailing Address

**16270 E HWY 40
 SILVER SPRINGS FL 34488**

**16270 E HWY 40
 SILVER SPRINGS FL 34488-5145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-0920675

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

**GINGRAS, SHERRY
 18660 SE 24 PLACE
 SILVER SPRINGS FL 34488**

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 Sherry A. Gingras, Secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/2000

**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 PD
 NAME PRATHER, KATHERINE B
 STREET ADDRESS 685 SE 129 AVE
 CITY-ST-ZIP SILVER SPRINGS FL 34488 ☒ Delete

TITLE PD
 NAME Barbara Norton
 STREET ADDRESS 16397 SE 5th St.
 CITY-ST-ZIP Silver Springs, FL 34488 ☐ Change ☒ Addition

TITLE VD
 NAME NORTON, BARBARA
 STREET ADDRESS 16397 SE 5 STREET
 CITY-ST-ZIP SILVER SPRINGS FL 34488 ☒ Delete

TITLE VD
 NAME Joann Cover
 STREET ADDRESS 18151 SE 52nd. Street #25
 CITY-ST-ZIP Ocklawaha, FL 32179 ☐ Change ☒ Addition

TITLE TD
 NAME WEBBER, DOROTHY
 STREET ADDRESS 479 SE 128 TERRACE
 CITY-ST-ZIP SILVER SPRINGS FL 34488 ☐ Delete

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

TITLE SD
 NAME GINGRAS, SHERRY
 STREET ADDRESS 18660 E 24 PLACE
 CITY-ST-ZIP SILVER SPRINGS FL 34488 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 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: Sherry A. Gingras, Secretary

1/11/2000 352-625-5377

CR2E037 (9/99)