

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N92000000766

1. Entity Name

FRATERNAL ORDER OF EAGLES #4216 AUXILIARY, INC.

FILED

01 JAN 11 PM 2:40

Principal Place of Business

16270 E HWY 40
SILVER SPRINGS FL 34488

Mailing Address

16270 E HWY 40
SILVER SPRINGS FL 34488

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME

3. Mailing Address

SAME

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

Sherry A. Gingras

01/09/01

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

TITLE TD
NAME MARTIN, CAROL
STREET ADDRESS 1620 SE 189 CT
CITY-ST-ZIP Silver Springs, FL 34488 ☐ 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
800003575818-6
-01/26/01--01017--011
*****61.25 *****61.25 ☐ Change ☐ Addition

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

TITLE PD
NAME COVER JOANN
STREET ADDRESS 18151 SE 52 ST. #25
CITY-ST-ZIP Ocklawaha FL 32179 ☐ Change ☒ Addition

TITLE VD
NAME COVER, JOANN
STREET ADDRESS 18151 SE 52ND. STREET #25
CITY-ST-ZIP OCKLAWAHA FL 32179 ☒ Delete

TITLE VD
NAME Salisbury, Berty
STREET ADDRESS 5045 SE 187 CT
CITY-ST-ZIP Ocklawaha, FL 32179 ☐ 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)(l), 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 01/09/01

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 01/09/01

CR2E037 (10/00)