

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004420

1. Entity Name

FRATERNAL ORDER ORIOLES NEST 283 INC.

Principal Place of Business

2218 SE 13TH ST
CAPE CORAL FL 33990

Mailing Address

2218 SE 13TH ST
CAPE CORAL FL 33990

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PHILLIPS, MICHAEL
2218 SE 13TH ST
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

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 12, 2001, 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

TSD
NAME PHILLIPS, MICHAEL
STREET ADDRESS 2218 SE 13TH ST
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Delete

T
NAME RYAN, WAYNE
STREET ADDRESS 4527 KILMER CT.
CITY-ST-ZIP N. FT. MYERS FL 33903 ☐ Delete

TD
NAME RYAN, RONALD
STREET ADDRESS 1919 SE 1ST ST.
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Delete

S
NAME HARVEY, RODNEY
STREET ADDRESS 1201 SW 106 ST.
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

VP
NAME BRATCHON, DWIGHT
STREET ADDRESS 1306 NE 7TH AVE.
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

PD
NAME LEMMERMAN, ART
STREET ADDRESS 12121 S LATON RD.
CITY-ST-ZIP N. FT. MYERS FL 33917 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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: *Michael Phillips* MICHAEL PHILLIPS 9-1-01 941-574-5288

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90065 006 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0722241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

0013624

CR2E037 (5/01)