

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0099920

DOCUMENT # N96000004420

1. Entity Name

FRATERNAL ORDER ORIOLES NEST 283 INC.



04-30-2003 90048 010 ****61.25

Principal Place of Business

**2218 SE 13TH ST
CAPE CORAL FL 33990**

Mailing Address

**2218 SE 13TH ST
CAPE CORAL FL 33990**

11027191



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0722241**

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TSD	<input type="checkbox"/> Delete
NAME	PHILLIPS, MICHAEL	
STREET ADDRESS	2218 SE 13TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	T	<input type="checkbox"/> Delete
NAME	RYAN, WAYNE	
STREET ADDRESS	4527 KILMER CT.	
CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RYAN, RONALD	
STREET ADDRESS	1919 SE 1ST ST.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARVEY, RODNEY	
STREET ADDRESS	1201 SW 106 ST.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRATCHON, DWIGHT	
STREET ADDRESS	1306 NE 7TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEMMERMAN, ART	
STREET ADDRESS	12121 S LATON RD.	
CITY-ST-ZIP	N. FT. MYERS FL 33917	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Phillips

4-26-03

239-772-8964

CR2E037 (10/02)