2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N97000007074 Jun 23, 2000 8:00 am 1. Entity Name FRATERNAL ORDER OF EAGLES AERIE NO. 3896, INC **Secretary of State** 06-23-2000 90107 026 ****61.25 Principal Place of Business Mailing Address 6480 S KANNER HWY 6480 S KANNER HWY STUART FL 34997 STUART FL 34997-6331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2450382 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired . __ [__ -_ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Fred Howell Street Address (P.O. Box Number is Not Acceptable) WINTTERS, ROBERT 6480 S KANNER HWY 6480 S. Kanver Hwy STUART FL 34997 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change TITLE ☐ Addition ☐ Delete TITLE Ron Ballard BAKER, CHARLES NAME NAME 6480 5 Kanner Hwy STREET ADDRESS STREET ADDRESS 6480 S KANNER HWY CITY-ST-ZIP CITY-ST-ZIP tuart, F1 34997 STUART FL 34997 Change Delete Addition **VPD** TITLE TITLE Walker Bruce NAME SPARKS, DONALD NAME STREET ADDRESS 64.80:3 Kanner HW.Y ... STREET ADDRESS 6480 S KANNER HWY CITY-ST-ZIP CITY-ST-ZIP Stuart F1 34991 STUART FL 34997 Change Delete TITLE Addition TITLE π McDaniels Ed NAME NAME Mazza, John 64805. KGNNEr HWY STREET ADDRESS STREET ADDRESS 6480 S KANNER HWY CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 Stuart F1 34997 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davime Phone #

changed, or on an attachment with an address, with all other like empowered