

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90013 026 ****61.25

DOCUMENT # N97000007074

1. Entity Name

FRATERNAL ORDER OF EAGLES AERIE NO. 3896, INC.

Principal Place of Business

Mailing Address

**6480 S KANNER HWY
STUART FL 34997**

**6480 S KANNER HWY
STUART FL 34997**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2450382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCDOWELL, DICK
6480 S KANNER HIGHWAY
STUART FL 34997**

7. Name and Address of New Registered Agent

Name

WAYNE DELIO

Street Address (P.O. Box Number is Not Acceptable)

6470 S KANNER HWY

STUART

City

FL

Zip Code

34994

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 W Delio **SECRETARY**

2-9-02

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

TITLE NAME	TT MCDOWELL, DICK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6480 S KANNER HWY	
CITY-ST-ZIP	STUART FL 34997	
TITLE NAME	TT SUNDMARK, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6480 S KANNER HWY	
CITY-ST-ZIP	STUART FL 34997	
TITLE NAME	TT MATHEWS, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	6480 S KANNER HWY	
CITY-ST-ZIP	STUART FL 34997	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T KENNETH SMITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6480 S. KANNER HWY	
CITY-ST-ZIP	STUART, FL 34997	
TITLE NAME	T WAYNE DELIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6480 S. KANNER HWY	
CITY-ST-ZIP	STUART, FL 34997	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T GEORGE DE ANGELIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6480 S. KANNER HWY	
CITY-ST-ZIP	STUART, FL 34997	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

2-6-02

561-287-6918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)