

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074213

1. Entity Name

FRATERNAL ORDER OF EAGLES AERIE # 4401, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90123 026 ***150.00

Principal Place of Business

Mailing Address

2452 S. NOVA ROAD
S. DAYTONA FL 32119

2452 S. NOVA ROAD
S. DAYTONA FL 32121-4774

2. Principal Place of Business

Mailing Address

P.O. Box 214774

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
S. DAYTONA, FL

City & State
S. DAYTONA, FL

4. FEI Number 59-3505391

Applied For

Not Applicable

Zip

Country

FLORIDA

Zip

Country

32121-4774 FLORIDA

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

JUCKETT, RALPH
1513 OLD KINGS ROAD
HOLLY HILL FL 32117

Name MOORE, EDWARD F

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

616 DORA ST

City & State NEW SMIRNA BEACH FL Zip Code 32168-6447

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME COSTELLO, NICK
STREET ADDRESS 123 ESMERALDA AVENUE
CITY-ST-ZIP DAYTONA FL 32118 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ESHLEMAN, RON
STREET ADDRESS 793 LITTLE ANNE DRIVE
CITY-ST-ZIP S. DAYTONA FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JUCKETT, RALPH
STREET ADDRESS 1513 OLD KINGS ROAD
CITY-ST-ZIP HOLLY HILL FL 32117 ☒ Delete

TITLE S
NAME MOORE, EDWARD F
STREET ADDRESS 616 DORA STREET
CITY-ST-ZIP NEW SMIRNA BEACH, FL 32168 ☐ Change ☐ Addition

TITLE D
NAME PERCUS, JAMES J
STREET ADDRESS 4715 S. ATLANTIC AVENUE
CITY-ST-ZIP PORT ORANGE FL 32127 ☒ Delete

TITLE D
NAME SPANR, SYLVESTER G
STREET ADDRESS 212 BRITTANY AVE
CITY-ST-ZIP PORT ORANGE, FL 32127 ☐ 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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4 JAN 00 404 424 9772

CR2E034 (9/99)