

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-20-2001 90070 047 \*\*\*550.00

**DOCUMENT # P98000074213**

1. Entity Name

**FRATERNAL ORDER OF EAGLES AERIE # 4401, INC.**

Principal Place of Business

**2452 S. NOVA ROAD  
 S. DAYTONA FL 32119**

Mailing Address

**P O BOX 214774  
 S DAYTONA FL 32121-4774**

2. Principal Place of Business

**933 BEVELLE RD.  
 Suite, Apt. #, etc. #102F**

3. Mailing Address

**SAME  
 Suite, Apt. #, etc.**

City & State

**SOUTH DAYTONA, FL.**

City & State

4. FEI Number

**59-3505391**

Applied For

Not Applicable

Zip

**32119**

Country

**FLORIDA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, EDWARD F  
 616 DORA ST  
 NEW SMYRNA BEACH FL 32167-6447**

7. Name and Address of New Registered Agent

Name **JAMES A. BENGE**  
 Street Address (P.O. Box Number is Not Acceptable) **1703 MAGNOLIA AVE B-22**  
 City **SOUTH DAYTONA** FL **32119**

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

*James A. Benge*

(NOTE: Registered Agent signature required when reinstating)

DATE

**08/15/01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COSTELLO, NICK</b>	
STREET ADDRESS	<b>123 ESMERALDA AVENUE</b>	
CITY-ST-ZIP	<b>DAYTONA FL 32118</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ESHLEMAN, RON</b>	
STREET ADDRESS	<b>793 LITTLE ANNE DRIVE</b>	
CITY-ST-ZIP	<b>S. DAYTONA FL 32119</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, EDWARD F</b>	
STREET ADDRESS	<b>616 DORA STREET</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SPAHR, SYLVESTER G</b>	
STREET ADDRESS	<b>212 BRITTANY AVE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>James A. Benge</b>	
STREET ADDRESS	<b>1703 MAGNOLIA AVE B-22</b>	
CITY-ST-ZIP	<b>SOUTH DAYTONA, FL 32119</b>	
TITLE	<b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES A. BENGE</b>	
STREET ADDRESS	<b>1703 MAGNOLIA AVE B-22</b>	
CITY-ST-ZIP	<b>SOUTH DAYTONA, FL 32119</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES A. BENGE</b>	
STREET ADDRESS	<b>1703 MAGNOLIA AVE B-22</b>	
CITY-ST-ZIP	<b>SOUTH DAYTONA, FL 32119</b>	
TITLE	<b>TRUSTEE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARY GARG</b>	
STREET ADDRESS	<b>1289 JAMESTOWN</b>	
CITY-ST-ZIP	<b>DAYTONA Bch FL 32119</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*James A. Benge*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**08/15/01 384304/4401**

CR2E034 (5/01)