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

FILED
Jun 26, 2002 8:00 am
Secretary of State
04-10-2002 90446 015 ****70.00
06-26-2002 90072 041 ****80.00

DOCUMENT # P 98000074213

1. Entity Name
FRATERNAL ORDER OF EAGLES, AERIE 4401, INC
(A NOT FOR PROFIT CORP.)

B0125909

[redacted]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
933 BEVILLE RD.	933 BEVILLE RD.
Suite, Apt. #, etc. SUITE 102 F	Suite, Apt. #, etc. SUITE 102 F
City & State S. DAYTONA, FL.	City & State S. DAYTONA, FL.
Zip 32119 Country U.S.A.	Zip 32119 Country U.S.A.

4. FEI Number 59-3505391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BENGE, JAMES A.
Street Address (P.O. Box Number is Not Acceptable) 1703 MAGNOLIA AVE.
APT. B-22
City S. DAYTONA BEACH, FL Zip Code 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.
SAME AGENT AS ON PRIOR UBR

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	PRESIDENT
NAME	RICE, DONALD H.
STREET ADDRESS	3520 NOVA RD.
CITY-ST-ZIP	PORT ORANGE, FL. 32119
TITLE	TREASURER
NAME	CATRAMBONE, GERALD W.
STREET ADDRESS	1164 ASHLAND CT.
CITY-ST-ZIP	PORT ORANGE, FL. 32129
TITLE	SECRETARY
NAME	BENGE, JAMES A.
STREET ADDRESS	1703 MAGNOLIA AVE., APT. B-22
CITY-ST-ZIP	S. DAYTONA, FL. 32119
TITLE	DIRECTOR
NAME	ESHLAMAN, RONALD P.
STREET ADDRESS	793 LITTLE ANNE DR.
CITY-ST-ZIP	S. DAYTONA, FL. 32119
TITLE	DIRECTOR
NAME	GANG, GARY A.
STREET ADDRESS	128 JAMESTOWN
CITY-ST-ZIP	DAYTONA BEACH, FL. 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: R.D. G.W. CATRAMBONE, TREA. 4/13/2002 (386)304-4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
B0125909

6/24/02

TO: FL. DEPT. OF STATE

RE: YOUR LTR. P98000074213 Diff

1. PLEASE FIND ENCLOSED A CHECK FOR THE ADDITIONAL $80.00 YOU INDICATE IS DUE.

2. HOPEFULLY, THIS WILL ENABLE YOU TO COMPLETE OUR CORP. FILING FOR THE YEAR.

REGARDS,

G.W. CATRAMBONE

TREASURER