

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 267241**

1. Entity Name

**EAGLE LAKE SHOPPING CENTER, INC.**

Principal Place of Business

Mailing Address

606 CYPRESS GARDEN BLVD.  
P.O. BOX 2089  
WINTER HAVEN FL 33880606 CYPRESS GARDEN BLVD.  
P.O. BOX 2089  
WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1001485**

Applied For

Not Applicable

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

**DAVIS, DENNIS G  
223 NASSAU RD  
WINTER HAVEN FL 33880**

Name

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

City

**FL**

Zip Code

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 **DENNIS G. DAVIS PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/10/01**

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, 2001 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	VD	<input type="checkbox"/> Delete
NAME	WITTENBERG, BARBARA J.	
STREET ADDRESS	142 LAKE RING DR.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GEE, JUANITA V.	
STREET ADDRESS	1926 FOXHOLLOW DRIVE E.	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, DENNIS G	
STREET ADDRESS	223 NASSAU RD	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTENBERG, BARBARA J.	
STREET ADDRESS	142 LAKE RING DR.	
CITY-ST-ZIP	WINTER HAVEN, FL	
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		
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: **DENNIS G. DAVIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/01 (863) 294-3254**

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0381325

CR2E034 (10/00)