

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756901

1. Entity Name

ARCADIA EAGLES OF DESOTO COUNTY, FLORIDA, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90020 048 ****70.00

Principal Place of Business 150 SO POLK ARCADIA FL 34266	Mailing Address 150 SO POLK ARCADIA FL 34266-3952
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2. Principal Place of Business 150 S. POLK AVE. Suite, Apt. #, etc.	3. Mailing Address 150 S. POLK AVE Suite, Apt. #, etc.
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City & State ARCADIA FL	City & State ARCADIA, FL	4. FEI Number 59-1873449	Applied For Not Applicable
Zip 34266	Country DESOTA	Zip 34266	Country DESOTA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITE, EDWARD E
2626 N.E. HWY. 70
#60
ARCADIA FL 34266

7. Name and Address of New Registered Agent

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 *Edward E. White*

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 STREET ADDRESS CITY-ST-ZIP	C FOX, JOE 1437 SE 1ST AVE ARCADIA FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATTRILL, STEVE 410 N. POLK AVE. ARCADIA FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITE, EDWARD E 2626 N.E. HWY. 70 #60 ARCADIA FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANNING, JOE 114 N. DADE, APT. 2 ARCADIA FL 34266 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORCORAN, EDWARD J 2371 S.E. HWY. 31 SOUTH, LOT 23 ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAIR, RONALD K 1177 S.E. 7TH AVE. ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCIS CONTE TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1227 N.E. WHISPERING PINES ARCADIA, FL. 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TRUSTEE BOBBY SKYRME 18 HIDDEN COVE LAKE PLACID, FL. 33852

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: *Edward E. White* **EDWARD E. WHITE** 4-5-2000 863-484-1749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #