

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90007 023 ****70.00

DOCUMENT # 756901

1. Entity Name

ARCADIA EAGLES OF DESOTO COUNTY, FLORIDA, INC.

Principal Place of Business

150 SO POLK
 ARCADIA FL 34266

Mailing Address

150 SO POLK
 ARCADIA FL 34266

C0073428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1873449

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------------|---|
| TITLE | C | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERT R KALMES | |
| STREET ADDRESS | 8217 N.W. GARVIN AVE. | |
| CITY-ST-ZIP | ARCADIA, FL. 34266 | |
| TITLE | PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVE CANTER | |
| STREET ADDRESS | 1554 S.E. WHISPERING PINES DR | |
| CITY-ST-ZIP | ARCADIA, FL. 34266 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TRUSTEE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANCIS CONTE | |
| STREET ADDRESS | 1227 N.E. WHISPERING PINES DR | |
| CITY-ST-ZIP | ARCADIA, FL. 34266 | |
| TITLE | T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARLEY MAST | |
| STREET ADDRESS | P.O. BOX 1678 | |
| CITY-ST-ZIP | ARCADIA, FL. 34265 | |
| TITLE | T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES A RANDALL | |
| STREET ADDRESS | 4963 N.W. LOCUST ST. | |
| CITY-ST-ZIP | ARCADIA, FL. 34266 | |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-01

Date

863-494-1749

Daytime Phone #

CR2E037 (10/00)