

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90119 018 \*\*\*\*61.25

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1873449**

Applied For  
Not Applicable

Zip Country

Zip Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE EDWARD E. WHITE  
Signature, typed or printed name of registered agent and title if applicable.

Edward E. White  
(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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>C</b> <input type="checkbox"/> Delete
NAME	<b>KALMES, ROBERT R</b>
STREET ADDRESS	<b>2217 NW GARVIN AVE</b>
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>GAME, JAMES X</b>
STREET ADDRESS	<b>1119 E OAK</b>
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>WHITE, EDWARD E</b>
STREET ADDRESS	<b>2626 N.E. HWY. 70 #60</b>
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>POWERS, ROGER</b>
STREET ADDRESS	<b>32 IOVAS</b>
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>ECCLES, RON</b>
STREET ADDRESS	<b>1711 CROSS AVE</b>
CITY-ST-ZIP	<b>ARCADIA FL 34265</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>RANDALL, JAMES A</b>
STREET ADDRESS	<b>4963 NW LOCUST ST</b>
CITY-ST-ZIP	<b>ARCADIA FL 34266</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
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 2-11-03 499-1749

CR2E037 (10/02)