

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

0003392 AV

04-07-2002 90055 045 \*\*\*150.00

**DOCUMENT # K95493**  
 1. Entity Name  
**EAGLES GLEN GOLF, INCORPORATED**

Principal Place of Business C/O WILLIAM C. WAGNER 104 N. 17TH ST. FERNANDINA BCH. FL 32034 US	Mailing Address C/O WILLIAM C. WAGNER P. O. BOX 1676 FERNANDINA BCH. FL 32035 US
---	--



2. Principal Place of Business Suite, Apt. #, etc. <b>118 N. PARK AVE.</b>	3. Mailing Address Suite, Apt. #, etc. <b>P.O. BOX 2545</b>
--	---

DO NOT WRITE IN THIS SPACE

City & State <b>WINTER PARK, FL</b>	City & State <b>WINTER PARK, FL</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32789</b>	Country <b>ORANGE</b>	Zip <b>32790</b>	Country <b>ORANGE</b>

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
---

6. Name and Address of Current Registered Agent  
**WAGNER, WILLIAM C.**  
**104 N. 17TH ST.**  
**FERNANDINA BCH. FL 32034**

7. Name and Address of New Registered Agent  
 Name  
**WAGNER, WILLIAM C.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**118 N. PARK AVE**  
 City  
**WINTER PARK FL** Zip Code  
**32789**

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 **WILLIAM C. WAGNER** **3/27/02**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAGNER, WILLIAM C. <del>104 N 17TH ST.</del> <del>FERNANDINA BCH. FL</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PHILLIPS, KAY E. <del>104 N. 17TH STREET</del> <del>FERNANDINA BEACH FL</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEIN, KEITH 3952 COLERIDGE PL SARASOTA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAGNER, WILLIAM C. 118 N. PARK AVE WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP PHILLIPS, KAY E. 118 N. PARK AVE. WINTER PARK, FL 32789 <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **WILLIAM C. WAGNER** **3/27/02** **(407) 647-2968**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFE034 (9/01)