

**2002 UNIFORM BUSINESS REPORT (UBR)**

3/3

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90351 042 \*\*\*\*70.00

**DOCUMENT # N01000002545**

1. Entity Name

**EAGLE'S VIEW COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2250 US HWY 90 W  
LAKE CITY FL 32055

2250 US HWY 90 W  
LAKE CITY FL 32055

27057

2. Principal Place of Business

3. Mailing Address

Rt. 9, Box 804  
Suite, Apt. #, etc. —

Rt. 9, Box 804  
Suite, Apt. #, etc. —



DO NOT WRITE IN THIS SPACE

City & State

LAKE CITY, FL

City & State

LAKE CITY, FL

4. FEI Number

Applied For

Not Applicable

Zip

32024

Country

Columbia

Zip

32024

Country

Columbia

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKS, LENVIL H  
2250 US HWY 90 W  
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name: JENNELL K. ADAMS  
Street Address (P.O. Box Number is Not Acceptable): FINLEY LITTLE RD  
Rt. 9, Box 804  
City: LAKE CITY FL Zip Code: 32024

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

*Jennell Adams*

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

(NOTE: Registered Agent signature required when reinstating)

3/19/02  
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	Delete
D	DICKS, LENVIL H	2250 US HWY 90 W	LAKE CITY FL 32055	<input checked="" type="checkbox"/>
D	DICKS, BRADLEY N	2250 US HWY 90 W	LAKE CITY FL 32055	<input checked="" type="checkbox"/>
D	DICKS, ANDREW	2250 US HWY 90 W	LAKE CITY FL 32055	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	JENNELL R. ADAMS D	RT. 9, BOX 804	LAKE CITY, FL 32024	<input type="checkbox"/>	<input type="checkbox"/>
Director	L.R. WEGUIRE D	1110 S. McFARLANE AVE.	LAKE CITY, FL 32055	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	L. DON REED D	3492 E. BAYA AVE	LAKE CITY, FL 32025	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Jennell Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02  
Date

255-7176  
Daytime Phone #

CR2E037 (9/01)