

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90134 015 \*\*\*150.00

**DOCUMENT # P97000059177**

1. Entity Name  
**EAGLE RESEARCH GROUP, INC.**

Principal Place of Business

**1795 E HWY 50  
 STE A  
 CLERMONT FL 34711**

Mailing Address

**1795 E HWY 50  
 STE A  
 CLERMONT FL 34711**

2. Principal Place of Business

**300 VIRGINIA ST**

3. Mailing Address

**300 VIRGINIA ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CLERMONT FL**

City & State

**CLERMONT FL**

Zip

**34711**

Country

Zip

**34711**

Country

4. FEI Number

**59-3457514**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARRICK, DAVID JR  
 13201 PLUM LAKE CIRCLE  
 CLERMONT FL 34711**

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

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	<input type="checkbox"/> Delete
PD	LUCKMAN, WILLIAM	513 N COUNTRY CLUB DRIVE	ATLANTIS FL 33462	<input type="checkbox"/>
D	GARRICK, DAVID	13201 PLUM LAKE CIRCLE	CLERMONT FL 34711	<input type="checkbox"/>
STD	LUCKMAN, USA R	513 N COUNTRY CLUB DRIVE	ATLANTIS FL 33462	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Luckman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

352 243-0440

Daytime Phone #

CR2E034 (9/01)