


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90040 022 ****61.25

0065123

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 721659					
1. Corporation Name SARASOTA INDEPENDENT EAGLES HOLDING COMPANY, INC					
Principal Place of Business 2926 WILKINSON RD SARASOTA FL 34230			Mailing Address 2926 WILKINSON RD SARASOTA FL 34230		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/08/1971	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
Country		Country		Applied For	
24		29		Not Applicable	
9. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
COMMONS, DOROTHY 2926 WILKINSON RD SARASOTA FL 34231			6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
			Trust Fund Contribution		
			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE <u>Dorothy Commons</u> <u>DOROTHY COMMONS</u> 1-21-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE T <input type="checkbox"/> DELETE			1.1 TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME DILLMAN, VIRDIE			1.2 NAME Laura Rosen		
STREET ADDRESS 4428 BURBANK AVENUE			1.3 STREET ADDRESS 4748 LORDS AVE.		
CITY-ST-ZIP SARASOTA FL 34231			1.4 CITY-ST-ZIP Sarasota, FL 34231		
TITLE D <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DILLMAN, FRANK			2.2 NAME		
STREET ADDRESS 4428 BURBANK AVENUE			2.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL 34231			2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LAGASSEE, ROBERT			3.2 NAME		
STREET ADDRESS 3637 HELENA ST			3.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL 34231			3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BEVLACQUA, JOE			4.2 NAME		
STREET ADDRESS 1336 OAK PARK AVE			4.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL 34237			4.4 CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LEATHERMAN, DARYL			5.2 NAME		
STREET ADDRESS 2922 NEW ENGLAND			5.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL 34231			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy Commons DOROTHY COMMONS 1-21-99 9413785037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)