

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756901

1. Entity Name

ARCADIA EAGLES OF DESOTO COUNTY, FLORIDA, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90020 048 ****70.00

Principal Place of Business

Mailing Address

150 SO POLK
ARCADIA FL 34266

150 SO POLK
ARCADIA FL 34266-3952

2. Principal Place of Business

150 S. POLK AVE.

3. Mailing Address

150 S. POLK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARCADIA FL

City & State

ARCADIA, FL

4. FEI Number

59-1873449

Applied For

Not Applicable

Zip

34266

Country

DE SOTA

Zip

34266

Country

DE SOTA

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.

SIGNATURE

Edward E. White

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

(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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME C
STREET ADDRESS FOX, JOE
CITY-ST-ZIP 1437 SE 1ST AVE
ARCADIA FL 34266

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS ATTRILL, STEVE
CITY-ST-ZIP 410 N. POLK AVE.
ARCADIA FL 34266

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ST
STREET ADDRESS WHITE, EDWARD E
CITY-ST-ZIP 2626 N.E. HWY. 70 #60
ARCADIA FL 34266

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS MANNING, JOE
CITY-ST-ZIP 114 N. DADE, APT. 2
ARCADIA FL 34266

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME T
STREET ADDRESS CORCORAN, EDWARD J
CITY-ST-ZIP 2371 S.E. HWY. 31 SOUTH, LOT 23
ARCADIA FL 34266

TITLE ☐ Change ☐ Addition
NAME FRANCIS CONTE TRUSTEE
STREET ADDRESS 1227 N.E. WHISPERING PINES
CITY-ST-ZIP ARCADIA, FL. 34266

TITLE ☒ Delete
NAME T
STREET ADDRESS BLAIR, RONALD K
CITY-ST-ZIP 1177 S.E. 7TH AVE.
ARCADIA FL 34266

TITLE ☐ Change ☐ Addition
NAME TRUSTEE
STREET ADDRESS BOBBY SKYRME
CITY-ST-ZIP 18 HIDDEN COVE
LAKE PLACID, FL. 33852

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* E. WHITE 4-5-2000 863-484-1749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #