

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763142

1. Entity Name

EAGLES' LANDING, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90070 049 ****61.25

Principal Place of Business

Mailing Address

1166 PELICAN BAY DR
DAYTONA BCH. FL 32119
US

1166 PELICAN BAY DR
DAYTONA BCH. FL 32119-1381
US

0 2 8 2 5 2



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2423133

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARKIN, MICHELE
1166 PELICAN BAY DR
DAYTONA BCH FL 32119

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

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 VPD
NAME SMITH, CLYDE J
STREET ADDRESS 2569 TAXIWAY ECHO
CITY-ST-ZIP DAYTON BEACH FL 32124 ☐ Delete

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

TITLE PD
NAME GARDNER, GRETTE
STREET ADDRESS 2573 TAXIWAY ECHO
CITY-ST-ZIP DAYTON BEACH FL 32124 ☐ Delete

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

TITLE SDT
NAME COLE, JIMMY
STREET ADDRESS 2548 TAXIWAY DELTA
CITY-ST-ZIP DAYTONA BEACH FL 32124 ☐ Delete

TITLE
NAME Cole, Sharena
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE AS
NAME BARKIN, MICHELE
STREET ADDRESS 1166 PELICAN BAY DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32119 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Signature of Michele Barkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)