

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001313

1. Entity Name

WHITE EAGLE DEVELOPMENT, LTD.

Principal Place of Business

8403 SILVER MOUNTAIN COVE
AUSTIN TX 78737

Mailing Address

8403 SILVER MOUNTAIN COVE
AUSTIN TX 78737

2. Principal Place of Business

825 E. CYPRESS ST
Suite, Apt. #, etc.

3. Mailing Address

825 E. CYPRESS ST
Suite, Apt. #, etc.

City & State

TARLTON SPRINGS, FL

City & State

TARLTON SPRINGS, FL

Zip

34689

Country

Zip

34689

Country

4. FEI Number

74-2970582

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IHRIG, KENT
100 NORTH TAMPA, STE 3500
TAMPA FL 33602

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. Capital Contributions
as Shown on record.

\$775,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L00000010135
NAME AM-POL DEVELOPMENT, LLC
STREET ADDRESS 8403 SILVER MOUNTAIN COVE
CITY-ST-ZIP AUSTIN TX 78737

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

5/1/01 727-942-1772

FILED

01 MAY -4 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE