

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007364 AT

DOCUMENT # A12576

1. Entity Name  
EAGLE LAKE, LTD.



FILED  
03 APR 22 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
5000 N.W. 27TH COURT  
SUITE E  
GAINESVILLE FL 32606

Mailing Address  
5000 N.W. 27TH COURT  
SUITE E  
GAINESVILLE FL 32606



2. Principal Place of Business 2638-5

3. Suite, Apt. #, etc.  
2638-5 State Rd 21

City & State  
Melrose

Zip  
32666

Country  
USA

3. Mailing Address

PO Box 186

Suite, Apt. #, etc.

City & State  
Melrose

Zip  
32666

Country  
USA

DUE BY MAY 1, 2003

4. FEI Number 59-2267288

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SABIS, WILLIAM R.  
5000 N.W. 27TH CT.  
SUITE E  
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name  
Cordex Prop. Maint Inc  
Street Address (P.O. Box Number is Not Acceptable)  
PO Box 186 2638-5  
2638-5 State Rd 21  
City  
Melrose FL Zip Code  
32666

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

3/28/03  
DATE

9. Capital Contributions as Shown on record. \$130,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SABIS, WILLIAM R. (KORDEX)	5000 N.W. 27TH COURT #E	GAINESVILLE FL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP
PO Box 186 2638-5	Melrose, FL 32666
STREET ADDRESS	CITY-ST-ZIP
2638-5 State Rd 21	
STREET ADDRESS	CITY-ST-ZIP
04/01/03--01082--005 **535.00	
STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	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 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)