

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014682 AT

DOCUMENT # **A22453**

1. Entity Name
EAGLE ISLAND, LTD.



FILED
03 MAR 13 PM 5:29



Principal Place of Business
**2060 80 FOOT RD
BARTOW FL 33830**

Mailing Address
**2060 80 FOOT RD
BARTOW FL 33830**

2. Principal Place of Business
215 Orangeview Lane

3. Mailing Address
215 Orangeview Lane

Suite, Apt. #, etc.
F-11

Suite, Apt. #, etc.
F-11

DUE BY MAY 1, 2003

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number **36-3435831**

Applied For
Not Applicable

Zip Country
33803-4759 USA

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33803-4759 USA

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

6. Name and Address of Current Registered Agent

**HALL, W. GARVIE
2060 80 FOOT RD
BARTOW FL 33830**

7. Name and Address of New Registered Agent

Name: **W. Garvie Hall**
Street Address (P.O. Box Number is Not Acceptable)
215 Orangeview Lane, F-11
City **Lakeland** FL Zip Code **33803-4759**

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 *W. Garvie Hall*

3/5/03

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

DATE

9. Capital Contributions as Shown on record. **\$850,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # ~~A18048~~
NAME ~~CITRUS PARTNERS, LTD.~~
STREET ADDRESS ~~2060 80 FOOT RD~~
CITY-ST-ZIP ~~BARTOW FL 33830~~

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **P94000086156**
NAME **CPL, Inc.**
STREET ADDRESS **215 Orangeview Lane, F-11**
CITY-ST-ZIP **Lakeland, FL 33803-4759**

STREET ADDRESS
CITY-ST-ZIP

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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

CPL, Inc.

SIGNATURE: By: *W. Garvie Hall* **JURE** Garvie Hall, President *3/5/03* **863 644-3081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (10/02)

STAPLE CHECK HERE