

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 31 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

my 4/12



DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000000666

1. Entity Name

BALDEAGLE GROVE, LTD.

Principal Place of Business

6635 PINELAND ROAD
PINELAND FL 33945

Mailing Address

P.O. BOX 408
PINELAND FL 33945-0408

2. Principal Place of Business

12335 OAK BROOK COURT

Suite, Apt. #, etc.

3. Mailing Address

12335 OAK BROOK COURT

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

FORT MYERS, FL

4. FEI Number

59-2803437

Applied For

Not Applicable

Zip

33908

Country

Zip

33908

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

MURRAH, W. NOLAN JR
12335 OAK BROOK CT.
FT. MYERS FL 33908

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.

\$232,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

MURRAH, W. NOLAN JR
12335 OAK BROOK CT.
FT. MYERS FL 33908

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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

3-28-00

Date

Daytime Phone #

CR2E003 (9/99)