

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90048 026 \*\*\*150.00

**DOCUMENT # F94000002835**

1. Entity Name

**EASTGATE PUBLISHING, INC.**

Principal Place of Business

**9015 SE ATHENA ST  
HOBE SOUND FL 33455  
US**

Mailing Address

**P.O. BOX 3332  
TEQUEST FL 33469-3332****00020975**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **58-2040973**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-0000**

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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PC RITTER SR, ROBERT 9015 S.E. ATHENA ST HOBE SOUND FL 33455	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VDT RITTER, ELAINE 9015 S.E. ATHENA ST HOBE SOUND FL 33455	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
V RITTER JR, ROBERT 320 B EDGEWOOD DR. NICHOLASVILLE KY 40356	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S WINTER, KELLY 596 CANAAN LAND ROAD HARRODSBURG KY 40330	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **J. Elaine Ritter** **F. Elaine Ritter** **2/21/01** **561 546-9296**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)