

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
 04-28-2000 90021 028 ***150.00

DOCUMENT # F99000004725
 1. Entity Name
FLORIDA EAGLE PUBLISHING INC.

Principal Place of Business Mailing Address
PO BOX 2037 SPRINGFIELD IL 62705 **PO BOX 2037 SPRINGFIELD IL 62705-2037**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PARKS, JOANN
23267 SAFARI AVENUE
PORTE CHARLOTTE FL 33954

4. FEI Number **37-1378041**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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

TITLE	PC	<input type="checkbox"/> Delete
NAME	HORNSTEIN, DONA	
STREET ADDRESS	3241 SOUTH DOUGLAS, C-12	
CITY-ST-ZIP	SPRINGFIELD IL 62704	
TITLE	VVC	<input type="checkbox"/> Delete
NAME	HORNSTEIN, MARVIN	
STREET ADDRESS	3241 SOUTH DOUGLAS, C-12	
CITY-ST-ZIP	SPRINGFIELD IL 62704	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PARKS, JOANN	
STREET ADDRESS	23267 SAFARI AVENUE	
CITY-ST-ZIP	PORTE CHARLOTTE FL 33954	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOYD, DAVID	
STREET ADDRESS	501 WEST MONROE	
CITY-ST-ZIP	SPRINGFIELD IL 62704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Dona Hornstein* 4-19-00 217-528-0805
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #