

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G74447**

1. Entity Name

EIGHT C CORP.

Principal Place of Business

Mailing Address

P O BOX 4601
HIALEAH FL 33014314 E.GLENOAKS BLVD
GLENDALE CA 91207-2012

2. Principal Place of Business

314 E.GLENOAKS BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GLENDALE CA

City & State

Zip

91207

Country

Zip

Country

4. FEI Number

59-1432889

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PAPY, CHARLES C., III
701 BRICKELL AVENUE
#1850
MIAMI FL 33131**

7. Name and Address of New Registered Agent

**PAPY, CHARLES C., III
Street Address (P.O. Box Number is Not Acceptable)
200 S. BISCAYNE BLVD.
#3410
City MIAMI FL Zip Code 33131**

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, 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	P	<input type="checkbox"/> Delete
NAME	MARGARET LEGG LYNCH	
STREET ADDRESS	314 E. GLENOAKS BLVD	
CITY-ST-ZIP	GLENDALE CA 91207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEGG, ELMO T.	
STREET ADDRESS	314 E. GLENOAKS BLVD.	
CITY-ST-ZIP	GLENDALE CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COOPER, ROY	
STREET ADDRESS	10677 N.E. QUAY BRIDGE CT.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	SRTD	<input type="checkbox"/> Delete
NAME	CAMPBELL, NANCY K.	
STREET ADDRESS	314 E. GLENOAKS BLVD.	
CITY-ST-ZIP	GLENDALE CA	
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
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STREET ADDRESS		
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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: **Nancy K. Campbell** **CORP. SECRETARY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/19/00 323-245-556
Date Daytime Phone #**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90100 003 ***158.75

907448

DO NOT WRITE IN THIS SPACE