

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 22, 2001 8:00 am**  
**Secretary of State**

02-22-2001 90003 040 \*\*\*150.00

**DOCUMENT # H65049**

1. Entity Name

**EAGLE SPRINGS UTILITIES, INC.**

Principal Place of Business

Mailing Address

% LEONARD B. TABOR

% LEONARD B. TABOR

P O BOX 1975

P O BOX 1975

SILVER SPRINGS FL 34489

SILVER SPRINGS FL 34489

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2766150**

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

**TABOR, LEONARD B.**  
**235 N.E. 51ST AVENUE**  
**OCALA FL 32670**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2001 SE. 25th Street**

**Ocala FL 34471**

City

**FL**

Zip Code

*address change only*

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

*Leonard B. Tabor*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-16-01**

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	DPT	<input type="checkbox"/> Delete
NAME	TABOR, LEONARD B.	
STREET ADDRESS	235 NE 51ST AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	SV	<input type="checkbox"/> Delete
NAME	TABOR, LINDA F.	
STREET ADDRESS	235 NE 51ST AVE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2001 S.E. 25th Street</b>	
CITY-ST-ZIP	<b>Ocala FL 34471</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2001 S.E. 25th Street</b>	
CITY-ST-ZIP	<b>Ocala. FL 34471</b>	
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:

*Linda F. Tabor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/01**

Date

**1-352-351-8800**

Daytime Phone #

CR2E034 (10/00)