

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H78975**

1. Entity Name

EAGLEWOOD DEVELOPMENT, INC.**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90378 036 ***150.00

C0019915

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1720 AUGUSTINE DR.
TITUSVILLE FL 32780**1720 AUGUSTINE DR.**
TITUSVILLE FL 32796-3211

2. Principal Place of Business

1035 Peachtree Street

3. Mailing Address

1035 Peachtree StreetSuite, Apt. #, etc.
Unit BSuite, Apt. #, etc.
Unit BCity & State
Cocoa, FLCity & State
Cocoa, FL4. FEI Number **59-2633918**

Applied For

Not Applicable

Zip
32922Country
BrevardZip
32922Country
Brevard5. 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

VANCE, L.ALEXANDER
400 JULIA STREET
TITUSVILLE FL 32796

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
SD
MOUNGER, JIMMY A.
840 TRAILWOOD AVE
TITUSVILLE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President ☐ Change ☒ Addition
Luke Range
1327 Richwood Circle
Rockledge, FL 32955TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RAWLINGS, ALBERT
323 A LANE
COCOA FL 32926 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Jimmy A. MOUNGER****2-3-2000**
Date**321-632-6628**
Daytime Phone #

CR2E034 (9/99)