

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J81882

1. Entity Name

FIRST EAGLE CORPORATION

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90197 001 ***450.00

Principal Place of Business

531 INDIAN HARBOR ROAD
VERO BEACH FL 32963
US

Mailing Address

531 INDIAN HARBOR DRIVE
VERO BEACH FL 32963
US

2. Principal Place of Business

10880 Orange Ave.
Suite, Apt. #, etc.

3. Mailing Address

10880 Orange Ave.
Suite, Apt. #, etc.

City & State

Ft. Pierce, Fl.

City & State

Ft. Pierce, Fl.

Zip

Country

34945

Zip

Country

34945

6. Name and Address of Current Registered Agent

O'HAIRE, MICHAEL
3111 CARDINAL DRIVE
VERO BEACH FL 32963

4. FEI Number

59-2834147

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

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, JOHN J	
STREET ADDRESS	531 INDIAN HARBOR RD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MORRISON, BARBARA M	
STREET ADDRESS	531 INDIAN HARBOR RD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCIE, SHARON M	
STREET ADDRESS	3935 ORTEGA LVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, LYNN M	
STREET ADDRESS	531 INDIAN HARBOR RD	
CITY-ST-ZIP	VERO BEACH FL 32963	
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	DECEASED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDRES	
STREET ADDRESS	2029 Club Dr.	
CITY-ST-ZIP	Vero Beach, Fl. 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2029 Club Dr.	
STREET ADDRESS	Vero Beach, Fl. 32963	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Beckley	
STREET ADDRESS	10880 Orange Ave.	
CITY-ST-ZIP	Ft. Pierce, Fl. 34945	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)