## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J97019**

Country

OWEN, RICHARD B

5250 S. HWY 17-92 CASSELBERRY FL 32707

9. This corporation is eligible to satisfy its Intangible

EASTMAN, BARBARA J

LAKE MONROE FL 32747

LAKE MONROE FL 32747

MAGNUSON, ROBERT

P.O. BOX 470468

P.O. BOX 470468

Tax filing requirement and elects to do so.

(See criteria on back)

Zip

SIGNATURE

11.

TITLE

NAME

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NAME STREET ADDRESS

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## EASTMAN INVESTMENT AND MANAGEMENT CORPORATION

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Principal Place of Business Mailing Address P.O. BOX 470468 55 SKY LINK DR LAKE MONROE FL 32747 LAKE MONROE FL 32747-0468 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Country

FILE NOW!!! FEE IS \$150.00

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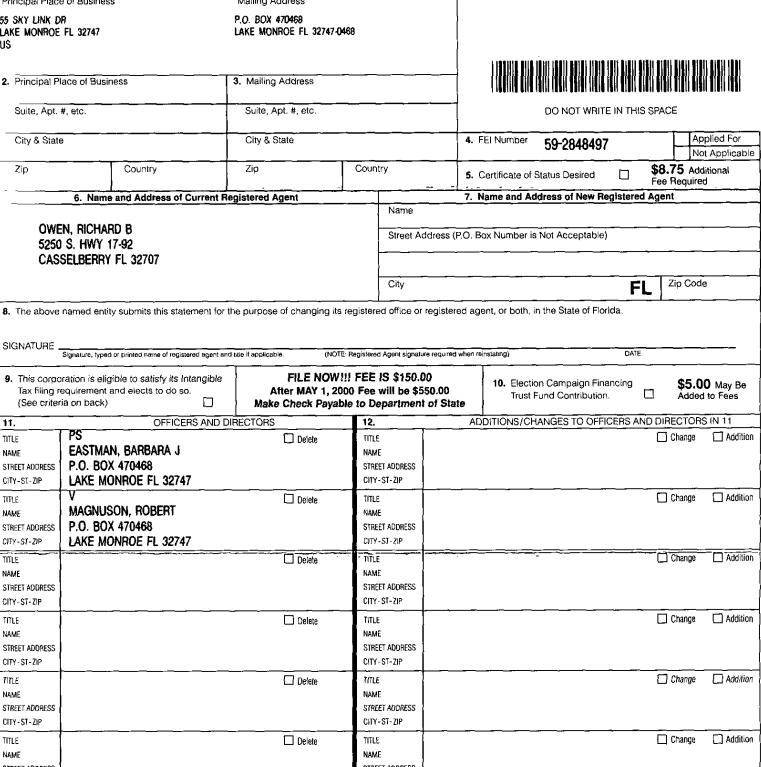
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Name

City

## **FILED** May 01, 2000 8:00 am Secretary of State

05-01-2000 90020 046 \*\*\*150.00



13. I hereby certify that the information supplied with this filling 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 circle?

CITY-ST-ZIP

SIGNATURE: \_

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CR2E034 (9/99)