

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90096 027 ***150.00

DOCUMENT # J97019

1. Entity Name
EASTMAN INVESTMENT AND MANAGEMENT CORPORATION

Principal Place of Business

**55 SKY LINK DR
 LAKE MONROE FL 32747
 US**

Mailing Address

**P.O. BOX 470468
 LAKE MONROE FL 32747**

2. Principal Place of Business

915 OCEAN SHORE BLVD.

Suite, Apt. #, etc.

305

3. Mailing Address

915 OCEAN SHORE BLVD.

Suite, Apt. #, etc.

305

City & State

ORMOND BEACH

Zip

Country

32176 US

City & State

ORMOND BEACH

Zip

Country

32176 US

4. FEI Number

59-2848497

Applied For

Not Applicable

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

**OWEN, RICHARD B
 5250 S. HWY 17-92
 CASSELBERRY FL 32707**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PS
 EASTMAN, BARBARA J
 P.O. BOX 470468
 LAKE MONROE FL 32747** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP
**V
 MAGNUSON, ROBERT
 P.O. BOX 470468
 LAKE MONROE FL 32747** ☒ Delete

TITLE
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA J. EASTMAN

Date

Daytime Phone #

2/1/01 904-441-2206

CR2E034 (10/00)