

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K21890

1. Entity Name

EAGLE TRANSIT, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90001 007 \*\*\*150.00

Principal Place of Business

85932 OVERSEAS HWY  
P O BOX 1157  
ISLAMORADA FL 33036

Mailing Address

85932 OVERSEAS HWY  
P O BOX 1157  
ISLAMORADA FL 33036-1157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0056819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, KENNETH R  
85932 OVERSEAS HWY  
ISLAMORADA FL 33036

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, 2000 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	PM	<input type="checkbox"/> Delete
NAME	WRIGHT, KENNETH R	
STREET ADDRESS	85932 OVERSEAS HWY, #2	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	OCKERLUND, LORALEE	
STREET ADDRESS	87465 OLD HWY #104	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HRUSKA, MARK	
STREET ADDRESS	21 SOUTH EAST 5TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TEAGUE, GLORIA J	
STREET ADDRESS	106003 OVERSEASE HIGHWAY	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOCKWOOD, MALCOLM	
STREET ADDRESS	85932 OVERSEAS HWY, #5	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MACDONALD, PAUL	
STREET ADDRESS	87465 OLD HWY, #5	
CITY-ST-ZIP	ISLAMORADA FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

(305) 664-8717

Daytime Phone #