## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # K89124

1. Entity Name

EAGLE POINT, INC.

Principal Place of Business
759 N TAMIAMI TR

Mailing Address

759 N TAMIAMI TR 759 N TAMIAMI TR VENICE FL 34292 VENICE FL 34292-1051

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

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

04-03-2000 90199 003 \*\*\*150.00

O T O T O T O

DATE



Suite, Apt. #, e	etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 65-0157424		Applied For	
				Not App		Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired		5 Additional equired	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
GOODMAN, GLENN E. 759 N TAMIAMI TRL VENICE FL 34292		-	Name Street Address (P.O. Box Number is Not Acceptable)					
				City	FL	Zip	Code	
The above nar		nt for the purpose of chang	ing its registe	red office or regis	stered agent, or both, in the State of Florida.			

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
lake Check Payable to Department of Stat

**10.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2F034 (9/99 Change GOODMAN, GLENN NAME NAME 759 N TAMIAMI TR STREET ADDRESS STREET ADDRESS VENICE FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00

941 494 9995 Daytime Phone \*