2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 07, 2002 8:00 am K95493 DOCUMENT # Secretary of State 1. Entity Name EAGLES GLEN GOLF, INCORPORATED 04-07-2002 90055 045 ***150.00 Principal Place of Business Mailing Address C/O WILLIAM C. WAGNER C/O WILLIAM C. WAGNER P. O. BOX 1676 104 N. 17TH ST. FERNANDINA BCH. FL 32034 FERNANDINA BCH. FL 32035 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE P.O. BOX 11*6* U. PARK City & State 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable VIIIITER Country \$8.75 Additional Country 5. Certificate of Status Desired ORAHGE 32790 Fee Required ORAUGA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WACHER WILLIAM WAGNER, WILLIAM C. Street Address (P.O. Box Number is Not Acceptable) 104 N. 17TH ST. FERNANDINA BCH. EL 32034 U. PLCK WINTER PARK the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity s <u>C.</u> WILLIAM WACHER SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01)3 P TITLE ☐ Delete TITLE ✓ Change ☐ Addition WAGNER WILLIAM C. WAGNER, WILLIAM C. NAME NAME CR2E034 104 N 17TH ST. STREET ADDRESS STREET ADDRESS FERNANDINA BCH. FL CITY-ST-ZIP CITY-ST-ZIP WILLTER PARK, FL 32-78 TITLE DVP ☐ Delete TITLE Change | ☐ Addition PHILLIPS, KAY E. NAME PHILLIPS, KAY E. NAME STREET ADDRESS STREET ADDRESS 104 N: 17TH STREET 118 H. PARK AVE. CITY-ST-ZIP CITY-ST-7IP FERNANDINA-BEACH FL PORK, FL Delete ☐ Addition TITLE TITLE ☐ Change BEIN, KEITH NAME NAME STREET ADDRESS STREET ADDRESS 3952 COLERIDGE PL CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 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 supplementar 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 courate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director Secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or to changed, or on an attachment

ONING OFFICER OR DIRECTOR

3/27/02